

POSTSCRIPT

What effects will medicaid have upon opticianry? In states like New York, where a large percentage of the population will be covered, the effects might be serious. Yet, a forward-looking view would indicate that since union plans for eyeglasses, visual eyecare plans, as well as medicare and medicaid, cover most of the population, there is going to be little more in dispensing than a small dispensing fee.

The survival of opticianry may thus come to depend upon its success in obtaining full control over the market for cosmetic frames. Professional-minded optometrists, who willingly surrendered the market for cameras, magnifiers, and sunglasses many years ago, will receive such a suggestion with sympathy.

The time for both professions to resolve their differences is not next year when the full force of comprehensive health plans begins to make its impact, but now. Optometry must begin to look ahead to the future when a shortage of professional health care personnel will make it virtually impossible for the public to receive adequate ophthalmic care without the aid of opticianry. The unified-service theory of optometry is going to have to be reviewed.

[From the Optical Journal and Review of Optometry]

Editorial

AT THE HEART OF THE CONGRESS—ATTRACTIONS OR DISTRACTIONS?

The many attractions of the coming Boston congress show the detailed planning by the AOA for its annual meetings. Education courses, exhibits, recreation, social features and allied events are geared to draw the greatest number of people possible. Yet the crowded program often weakens the heart of the congress—the House of Delegates. Time that could be spent in deliberation of policy is often lost.

Although the AOA administrative staff has helped in streamlining reports and other orders of business, the agenda of the House of Delegates are always full. The sessions next month will be no exception.

Two proposed amendments to the constitution of the AOA may bring prolonged debate. The first would make compliance with the AOA Rules of Practice a requirement for membership in the affiliated and constituent associations by 1970.

Enforcement of the Rules of Practice has been an issue since their adoption by the AOA in 1950. Some states have argued for strict enforcement and expulsion of members who do not conform. Others have urged caution to preserve the numerical strength of the associations and the AOA.

The AOA trustees have generally pointed out that the matter of enforcement is in the hands of the state associations. The AOA member, they point out, derives his membership indirectly—through membership in one of the state associations that make up the AOA. This same point was made when the rules were adopted 16 years ago. The dilemma remains.

Also certain to draw debate is a second proposed amendment. This would raise the dues of active members from \$55 to \$100.

The Board of Trustees has commented that the additional \$45 is necessary because of the increased activities of the AOA, the results that have been obtained, and demands being made.

The argument of the trustees is a strong one—especially in view of the higher dues paid in many other organizations. Some associations know, however, that an increase may mean curtailment of state or local programs, and possible loss of membership. Another dilemma for the House of Delegates.

Many policy matters await possible consideration by the delegates. To name a few: national and state health care legislation, discrimination by state agencies, the feasibility study, relations with medicine, commercialism, delegation of authority to lay persons.

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In the hectic days of an AOA congress, many seek to divide their time between the sessions of the House of Delegates and the concurrent education courses or other attractions. Those who faithfully attend all the sessions of the House forego the education courses.