

The first deals with the question of profits, which has received a lot of abuse during these hearings. Profit can be defined in a variety of ways, depending on the circumstances and depending on the intent of the one giving the definition. However, all definitions of profit reduce themselves to the net income figure. Any person, as the term is defined in this bill, has the same interest in that net income figure. It applies with equal force to the optometrist with a \$100,000.00 practice as it does to a one man dispensing optician's store with a net income of \$10,000.00.

Whether their net incomes are obtained from a so-called profit off the sale of glasses or whether it comes from a so-called professional fee, they amount to the same thing—net income. So what difference does it make whether a so-called professional sells his glasses at cost and adds on an extra \$10.00 or \$15.00 for his services. Is that any different from a dispensing optician adding \$10.00 or \$15.00 above the wholesale price to the cost of the glasses? In both instances, the additional dollars cover the same type of costs and reimburse the laborer for his labors and skills. The end result is net income or profit. The question of whether the optometrist profits off the sale of glasses is academic.

The fact is that 96%, or more, of optometrists today *do* sell glasses. There is a tie-in between the refraction and the dispensing of glasses. One must question, therefore, whether the optometric patient in general has any freedom to choose where he wishes to have his glasses made. The Code of Ethics of the American Medical Association plainly states that the patient has a right to a copy of his prescription for eyeglasses and that the patient must be given a free choice as to where he wishes to have his glasses made. I do not have access to the optometric code of ethics or their rules of practice but the fact that 96% of optometrists sell their own glasses speaks volumes.

Section 9(c) gives the optician the right to fill the written prescription of an optometrist licensed in the District of Columbia. This is obviously 4% fact and 96% window dressing.

Contrast the position of the optometric patient who has practically no choice with that of the ophthalmologist's patient. The ophthalmologist's patient first of all does get a choice. Furthermore, he gets the services of two experts in their fields. Most importantly, he has the assurance that an objective judgment has been made on the need for glasses.

With net income meaning as much to an optometrist as it does to anyone else, with the optometrist exercising rigid control over the dispensing of glasses to his patients, it is clear that this bill by depriving the optician of his traditional functions will tighten the optometrist's control over the eyecare dollars spent in this city.

Evidence before this committee has shown that the optometry law needs to be updated. There has been no evidence introduced to show that the practice of dispensing opticianry, as such, needs to be regulated under an optometry bill.

The reason why optometry wants to regulate dispensing opticians under this optometry bill has been unspoken.

Let me begin to explain this basic reason by quoting two resolutions passed by the American Optometric Association in June 1954.

"Resolved that it is the stated policy of the American Optometric Association in convention assembled that the field of visual care is the field of optometry and should be exclusively the field of optometry; and be it further

"Resolved, that the individual state associations are recommended to make serious study of the optometry laws prevailing in their states to the end that exemptions be restricted, limited and ultimately eliminated and that encroachments by untrained, unqualified and unlicensed persons into the exclusive field of optometry be prevented..."

My testimony has shown that this bill treats the field of visual care as though it were the exclusive province of optometry and it eliminates a dozen or more traditional functions of the dispensing optician by seriously restricting exemptions. The fact that optometry says that the field of visual care should be exclusively the field of optometry does not make it so nor should the Subcommittee help make it so. Optometrists, ophthalmologists and dispensing opticians share the field of visual care—each performing a definite public service. The subcommittee must not allow this bill or any similar bill out of subcommittee.

In the resolutions just quoted, I wish to point out the use of the words "untrained, unqualified and unlicensed persons". These are the words optometry uses to describe dispensing opticians, because opticians are not licensed in 33 states and the District of Columbia. It is these words that optometry uses as its excuse to regulate opticians under optometry laws, such as 12276.