

Dr. HEATH. The Department of Public Health, of course, is interested in the maximum care and the highest quality of care for the people.

We have no objection to improving the standards of care, not only for optometrists but for every other profession related to health or the disciplines related to health that render services to the people.

I would like to point out nine items, that is, that under the definition of the practice of optometry, we think it is too comprehensive and impinges on the ethical practices of medicine and also of the oculist.

The second point in this proposed definition, I think in the activities of the Department as to the screening procedures which are only preliminary and have to be reaffirmed by a competent authority, and, secondly, with some of our training that we are doing in the District of Columbia General Hospital.

The third point: We have thought of fraud or very bad practice on the part of the oculists, but we cannot say that there is a public health reason for denying them their present activities; however, I understand that the Commissioners are considering the licensing and the setting up of standards for the practice of the oculist, the optician.

And my fourth point, and I think this is a very important one, with reference to licensing by reciprocity, we feel very strongly that licensing by reciprocity would be simplified, without additional restrictions being imposed in the bill. And, also, with reference to the fact that the person would have to practice within one year of the time that he gets his reciprocity license, there may be circumstances, such as military service and other incidents where he could not start practice within one year, and there cannot be any public health reasons for this added restrictive—that is, we cannot see any.

The fifth point: On the practice of optometry in department stores. Likewise, we have no thought of a public health hazard being associated with such practice. There may be, but we cannot prove any, so that we cannot take any position one way or the other on that particular item.

The sixth point: Forbidding the optometrists to work on a salary basis for someone other than an optometrist. We believe it would be a bad public health practice, likewise.

The seventh point: We do not feel that it is necessary for a technician working under the supervision of a physician to obtain a license as proposed.

The eighth point, on pages 18 and 19, we see no reason why an optometrist should not have the same requirements for establishing himself as an expert which the courts require presently for any other expert witness.

The ninth point is: It is difficult to understand the purpose of section 14 that would prevent him in the District of Columbia using his judgment in recommending where a patient would go for further consultation.

Those are the nine points.

Of course, we do support the opinion of the Commissioners on the over-all licensing bill, which would affect the licensing act.

I would like to point out just two little things that I have talked to before, that is, on H.R. 12276. On page 14, line 23:

A person from acting as an assistant under the direct personal supervision of a person licensed by the District of Columbia to practice optometry, medicine,