I do not have any questions.

Thank you very much.

Mr. SCHOENBECK. Thank you.

Mr. SISK. We have a request from a witness desiring to be heard, Mr. Leo Goodman, Chairman of the Legislative Committee of the District of Columbia Public Health Association.

We will be glad to hear from you now.

STATEMENT OF LEO GOODMAN, CHAIRMAN, LEGISLATIVE COMMITTEE OF THE DISTRICT OF COLUMBIA PUBLIC HEALTH ASSOCIATION

Mr. GOODMAN. Mr. Chairman, I am happy to state that my statement is very short, and I will present it to you. It represents the view of the District of Columbia Public Health Association, a voluntary membership organization, and I am here to oppose the enactment of this bill under instructions of its president.

The bills relating to and in behalf of some of the optometrists in the District of Columbia ought not pass.

These bills in contrast to S. 260 which was heard in the Senate last February are in direct contradiction. The Hart bill, "The Medical Restraint of Trade Act," was endorsed and supported by many organizations representing the consumer interest, in contrast to optometry bills pending before this committee which are endorsed by some optometrists are opposed by the Medical Society of the District of Columbia and are clearly against the public interest. The fundamental effect of the enactment of any one of the pending bills would be to double or triple the cost of eyeglasses to that portion of the population in the District of Columbia which could least afford it.

If the purpose of these bills were to improve the quality of visual care, it would provide a simple program. The elements of a quality improvement bill would necessarily include the following points:

(1) A mandatory 21-point refraction;

(2) A requirement that all glasses be made exclusively of first quality lenses;

(3) A program for testing and licensing of all opticians;

(4) A prohibition of those who are not licensed from assisting optometrists and others in the manufacture of glasses and the servicing of patients.

It is significant to me representing a public health interest group that these items are not provided in the bills proposed. If the problem to be dealt with here is the control of advertisements, there are other and more direct ways than provided by the sections of the various bills pending here. They have been introduced to provide a monopoly practice in this area. I can only repeat my opening statement these bills ought not pass.

Mr. SISK. Thank you very much. You say you are chairman of the Legislative Committee of the District of Columbia Health Association. What is the District of Columbia Public Health Association?

Mr. GOODMAN. We are a local affiliate of the American Public Health Association with practically 1200 members interested in public health matters and have appeared before various branches of this committee in regard to a number of health matters that have come before the District of Columbia Committee this year.

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