

that Texas first recognized optometry as a health profession by enactment of its original Optometry Act. For many years in Texas it was the privilege of some of the members of the Texas Optometric Association to have the President's Father and President Johnson as their patients. We respectfully submit that it is altogether fitting that this measure should become law bearing the signature of Lyndon Johnson.

As an added Texas interest let me also point out that one of your colleagues, the Honorable Jake Pickle, Congressman from the Tenth District of Texas, for five years served as Executive Secretary of the Texas Optometric Association, and I highly recommend him to this Subcommittee as an expert in his own right on the profession of optometry and well acquainted with the need for high ethical and professional standards in the practice of optometry such as those established by H.R. 1283.

Is H.R. 1283 in the best interest of the public? Does the visual health and welfare of the public require such strict regulation of the profession of optometry as that contained in H.R. 1283? Legislatures of practically every State in the Union have considered these same issues and answered repeatedly and resoundingly—*YES!* The highest courts of practically every State have thoroughly considered these questions and repeatedly and forcefully answered—*YES!* The long chain of affirmative decisions on these issues contained in statutes, administrative regulations and court decisions for other thirty years are matters of public record and no longer subjects of debate scarcely anywhere except in the District of Columbia.

Why is it that in practically every American jurisdiction optometry is recognized by law as a profession, and its practitioners required to adhere to high standards of ethics and professional conduct? Certainly not to flatter the dignity of optometrists. It is because State after State has discovered one unvarying characteristic about optometry—either government regulates the profession in the interest of the public or the commercial optical chain operators will regulate it, run it and thoroughly control optometry and optometrists for their own profit.

Experience in this country has demonstrated that antiquated optometry licensing laws are inadequate to maintain the professional freedom and independence of the practitioner, to assure the efficacy of the optical prescription or safeguard the confidential relationship between doctor and patient. In the early 1920's, when the District's and many of the State licensing laws were first enacted, eyeglasses were not a popular item. Instead of being stylish they were strictly functional appliances which the public sought to avoid if at all possible. Today, many people wear glasses to be stylish or because they think it improves their appearance. Optometric science developed the contact lens so that now they can be worn with ease and comfort by most people. Eyeglasses, stylish frames and contact lenses have become highly merchantable items and extremely attractive to commercial interests seeking to reap profits from millions of dollars in sales annually to an eyewear conscious public.

However, as this market began to grow, the optical merchants had one big problem. Most people buy glasses on a prescription. Before there can be a prescription there must be a doctor, an optometrist or a physician, the only two health care practitioners licensed by law to practice optometry. In such a rapidly expanding market, the doctor became the fly in the optical ointment. The optical business world, sitting on top of an exploding market for lenses and frames, which they saw strictly as merchandise, was frustrated by doctors who wasted time with talk of professional ethics, adequate eye examinations, a duty to the patient not to prescribe glasses unless really necessary and refusal to solicit patients by advertising. What the commercially minded optical industry wanted was sales volume. To get it the doctor would have to prescribe more often; so, it became obvious to the titans of the optical industry that the doctors must be dealt with and deal with them they did. And thus there began what has become known as the optical rebate or kickback. At that time optometry had not become sufficiently prominent to deserve the attention of the optical kings, so they concentrated their financial arrangements on the medical doctors, the oculists.

The optical rebate or kickback system helped sales of glasses tremendously. With the average rebate amounting to almost 50% of the sales price, the oculists suddenly discovered that more of their patients needed glasses. Also, the price of glasses went up. Under medical ethics the doctor would have been concerned that his patients not be robbed, but now the higher the price the greater the rebate.

Just before World War II such practices came to the attention of the Justice Department, resulting in six antitrust suits brought against several of the largest