Weighted scores obtained by the three hearing aids of each model are averaged for each test. The average score represents the performance of that model on each of the individual tests. The average weighted score on each of the tests are summed to give the measure of total performance achieved by the hearing aid model. This score is designated as the "quality point score."

The committee report, summarizing some of the testimony, says:

The VA tests are designed so that a point score of 100 will be the average performance of the total group. Hearing aids tested by the VA are broken down into three groups on the basis of power: mild, moderate, and strong. This classificatory scheme is generally accepted throughout the industry. The 64 hearing aids tested by VA in 1961 showed the following quality spread:

Power group	Quality point score of lowest quality aid tested	Quality point score of highest quality aid tested
Mild	54	130
Moderate	[1] 0	140
Strong	61	128

[1] This score resulted from penalties assessed by VA for lack of quality uniformity. The next highest score in the moderate group was 66.

Mr. KAPLAN. The table indicates that the mild hearing aids they tested varied in quality from a low of 54 to a high of 130.

The moderate hearing aids varied from a quality point score of zero, which was assigned to some brands because of penalties for lack of quality control, to a quality point score of 140.

The strong power group hearing aids varied from 61 to 128.

In the mild category, the category in which the greatest number of hearing aids are sold to the general public, one hearing aid tested nearly 2½ times better than another in terms of quality performance.

The report draws this conclusion:

An ordinary citizen possessed of the information available to the VA, as a result of its testing program, would be in a much better position to get the best buy for his dollar. He would be an informed consumer.

Yet, this information is not now available to hearing aid consumers * * *. The success of the VA program in increasing the level of knowledge about hearing aid quality and thereby substantially reducing prices, suggest the possibility that information could be made available to the general public so they, too, can enjoy the social and economic advantages of being well informed about hearing aids currently on the market.

I agree. It is clear that the brand and model information now available and kept up to date in the files of the VA requires only simple processing to improve the lot of hundreds of thousands of hard-of-hearing people and provide audiologists with information they need to permit them to prescribe intelligently. The potential savings to the consumer, typically among the older members of the population and often the poorer ones, are also detailed in the report and are vast.

I emphasize that the hearing aids material is an example of what we know is available in the files of the Federal agencies for many other consumer products. The need for getting it to the consumer is great, the wherewithal for many products is available, and the benefits to the individual consumer and to the Nation are large. All it takes is the will.

As a committee of the Nation's legislators you will know how to muster this will. Should the Freedom of Information Act, to become effective next week, be interpreted or amended to allow such informa-