

**HOUSE OF DELEGATES  
RESOLUTIONS  
AND  
SUBSTANTIVE MOTIONS**

**JUDICIAL COUNCIL  
AMERICAN OPTOMETRIC ASSOCIATION  
JULY 2011**

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HOUSE OF DELEGATES  
RESOLUTIONS AND SUBSTANTIVE MOTIONS

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LIST OF EXTANT AOA  
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1896	EYE HAZARDS OF FIREWORKS
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1898	HEPATITIS B (HBV) INFECTIONS
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RESOLUTION NO.	TITLE
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1904	EDUCATION IN ETHICS
1906	ANTITRUST COMPLIANCE
1908	VISION EXAMINATION OF SCHOOL-AGE CHILDREN
1909	PEER REVIEW OF OPTOMETRIC CARE
1910	DISCLOSURE OF CONFLICTS OF INTEREST
1911	REFRACTION AND PATIENT HEALTH
1913	ETHICS COMMITTEE
1915	LICENSURE BY ENDORSEMENT OF CREDENTIALS
1916	ABUSE AGAINST INDIVIDUALS UNABLE TO PROTECT THEMSELVES
1918	AOA SUPPORT OF STATE SCOPE OF PRACTICE ISSUES
1919	OPTOMETRIC REPRESENTATION IN NATIONAL ACCREDITING ORGANIZATIONS
1920	DOCTOR/PATIENT COMMUNICATIONS IN MANAGED HEALTH CARE PLANS
1922	OPTOMETRIC INPUT IN THE ESTABLISHMENT OF TELEMEDICINE PROTOCOLS
1923	EYE AND VISION CARE FOR EVERY CHILD
1928	PREVENTING SPORTS-RELATED EYE INJURIES
1931	APPROPRIATE CREDENTIALING CRITERIA
1933	REPEAL OF TIME LIMITS FOR NATIONAL BOARD SCORES FOR THE LICENSURE BY ENDORSEMENT PROCESS
1938	STATE BOARD CREDIT FOR CONTINUING EDUCATION COURSES IN ETHICS
1939	PROTECTING AGAINST POTENTIAL BIAS IN PATIENT CARE
1940	SUPPORT OF THE WORLD HEALTH ORGANIZATION VISION 2020 – THE RIGHT TO SIGHT
1942	ENCOURAGE PUBLIC AWARENESS AND POLICY INITIATIVES TO PROMOTE COMPLETE EYE AND VISION EXAMINATIONS FOR CHILDREN

RESOLUTION NO.	TITLE
1943	PARAOPTOMETRIC MEMBERSHIP, TRAINING, AND CERTIFICATION
1944	OPTOMETRIC HEALTH PROMOTION AND DISEASE PREVENTION
1945	AUTOMATED INSTRUMENTATION
1946	THE INCLUSION OF PRIMARY EYE CARE SERVICES IN THE COMMUNITY AND MIGRANT HEALTH CENTERS, A FEDERAL PROGRAM TO EXPAND PRIMARY CARE TO REMOTE AND MEDICALLY UNDERSERVED AREAS OF OUR COUNTRY
1947	PROMOTION OF PRESCRIPTION INSERTS
1948	HAZARDOUS MATERIAL EDUCATION
1949	CALL FOR ACTION BY THE AMERICAN OPTOMETRIC ASSOCIATION TO AID THE ASSOCIATION OF SCHOOLS AND COLLEGES OF OPTOMETRY CAMPAIGN TO ATTRACT QUALIFIED STUDENTS
1950	CONCERNING INDIVIDUALS WITH A VISUAL IMPAIRMENT WISHING TO DRIVE
1952	MOBILIZATION EQUITY FOR ARMED FORCES OPTOMETRISTS
1953	INFANTSEE™ - OPTOMETRIC CARE OF INFANTS
1954	OPTOMETRIC EDUCATOR MEMBERSHIP CLASS
1955	ADVANCE ACCESS TO AOA CONGRESS INFORMATION
1956	PROTECTION OF MEMBER PERSONAL INFORMATION
1957	ACCESS TO EYECARE IN FEDERAL PROGRAMS
1958	RURAL HEALTH CARE
1959	REIMBURSEMENT EQUITY
1960	PATIENTS BENEFIT FROM OPTOMETRIC PROFESSIONALISM
1962	SUPPORT OF <i>OPTOMETRY GIVING SIGHT</i>
1966	COMMISSION ON PARAOPTOMETRIC CERTIFICATION
1967	SUPPORT FOR THE RECOGNITION AND REGULATION OF THE PROFESSION OF OPTOMETRY BY ALL SOVEREIGN NATIONS
1968	PREVENTING SPORTS-RELATED EYE INJURIES AND MANDATING THE USE OF PROTECTIVE EYEWEAR FOR CHILDREN
1969	CODE OF ETHICS

RESOLUTION NO.	TITLE
1971	RECOGNITION AND SUPPORT OF SCHOOL NURSES
1973	THE CHILD PROJECT™ AND SENIOR SAFETY NET™ IDENTIFICATION SYSTEM
1974	OBESITY IN CHILDREN AND ADOLESCENTS
1975	DRUG EVALUATION AND CLASSIFICATION PROGRAM
1976	SUPPORT OF OPTOMETRY CARES
1977	APHA MEMBERSHIP
1978	HEALTHY PEOPLE 2020
1979	DISSOLUTION OF AFFILIATE LEGAL AND LEGISLATIVE DEFENSE FUND
1980	REQUIREMENTS FOR LICENSE RENEWAL
1981	COMPREHENSIVE VISION CARE SERVICES FOR CHILDREN

LIST OF EXTANT AOA  
HOUSE OF DELEGATES  
SUBSTANTIVE MOTIONS

MOTION NBR.

TITLE

M-2009-2

BOARD CERTIFICATION

M-2011-2

STANDARDS OF PROFESSIONAL CONDUCT

M-2011-4

ACOE MISSION REPORT TO 2012 HOUSE OF DELEGATES

## **TEXT OF EXTANT RESOLUTIONS**

328  
(4 of 1935)  
(Mod. 1980)

### **SCOPE OF PROFESSIONAL OPTOMETRY**

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RESOLVED, that the furnishing and fitting of lenses, frames mountings and other ophthalmic devices is an integral part of the profession and practice of optometry.

392  
(4 of 1938)  
(Mod. 1990)  
(Mod. 1995)  
(Mod. 1997)  
(Mod. 2005)

### **AOA NOT TO ENDORSE AS SUPERIOR ANY SPECIFIC PROCEDURE, INSTRUMENT, PRODUCT OR BUSINESS/COMMERCIAL ENTITY; CERTAIN RESTRICTIONS ON ACTIVITIES OF AOA VOLUNTEERS**

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WHEREAS, the American Optometric Association, with an established code of ethics, is a membership organization of optometrists and others devoted to improving the visual welfare of the public; and

WHEREAS, the participation of trustees, officers and volunteers of the American Optometric Association on boards, advisory boards, councils, or committees of other entities may be beneficial to the advancement of the objectives of the Association; and

WHEREAS, the endorsement as superior, actual or perceived, of any specific procedure, instrument, product or business/commercial entity by the American Optometric Association related to the practice of optometry may risk breaching the public trust; and

WHEREAS, the individuals serving as trustees and officers of the American Optometric Association, a non-profit corporation organized and governed by the laws of the State of Ohio, are obligated, both legally and ethically, to maintain faithfully their duty of loyalty to the American Optometric Association and to protect the integrity of their positions as fiduciaries of the Association by promptly disclosing any actual or potential conflicts of interest, and in appropriate circumstances, recusing themselves from participating in deliberations and/or voting on any matter involving a conflict of interest that may come before the Board of Trustees in the course of their duties; and

WHEREAS, all individuals serving as volunteers and elected officials of the American Optometric Association, including members of the Board of Trustees, as recognized leaders of the optometric profession and representatives of the AOA and its membership must, as a condition of service, comply with and adhere to the Association's established policy and procedures

requiring the disclosure of all personal professional and financial interests and activities which may cause a conflict of interest; and

WHEREAS, any meaningful and effective policy intended to guard against the potential for conflicts of interest, whether actual or perceived, must necessarily be an evolving policy, adaptable and flexible enough to address unforeseeable situations in which potential conflicts may arise; and

WHEREAS, under such a policy, questions regarding the interpretation and application of the policy can be expected to arise; and

WHEREAS, it is in the best interest of the Association, its members, and its elected leaders on the Board of Trustees, to maintain fair and effective procedures to protect against potential conflicts of interest, whether actual or perceived; now therefore be it

RESOLVED, that the American Optometric Association will not endorse as superior any specific procedure, instrument, product, or business/commercial entity related to the practice of optometry, except the Association may study and publicly recognize through programs such as the AOA Seal of Acceptance Program that a specific procedure, instrument or product meets certain minimal acceptable standards or specifications based upon knowledge established by scientific research and/or product testing; and be it further

RESOLVED, that the current AOA board policy, that imposes a duty on a board member of the American Optometric Association to recuse himself or herself from discussion and voting on any matter in which they may have a conflict of interest, is hereby affirmed; and that the Board of Trustees, consistent with governing law, is empowered to temporarily suspend from any discussion or vote a Board member whom they determine to have a conflict of interest and who refuses to recuse himself or herself from discussion and voting on the matter in which he or she has a conflict of interest; and that the Board of Trustees shall develop and implement policies to carry out the principles of this Resolution, including the reporting of matters by the Board of Trustees to the Judicial Council for its review when necessary; and be it further

RESOLVED, that the policy expressed in Resolution 1910, requiring each member of the Board of Trustees and each volunteer of the American Optometric Association to properly disclose any potential conflict of interest, along with a description of any

personal business interests, affiliations, or activities with any entity active in the health care field, is hereby affirmed; and be it further

RESOLVED, that a member of the Board of Trustees of the American Optometric Association may not serve as a member of a board, advisory board, or as a principal, agent, or employee of, or have any other active personal affiliation with, any other entity, if such affiliation would conflict with the objectives and policies of the American Optometric Association; and be it further

RESOLVED, that, prior to election, a candidate for the American Optometric Association Board of Trustees shall publicly disclose any potential conflict of interest and provide to the House of Delegates a description of any personal business interest, affiliation or activity with any entity that, whether or not active in the health care field, may have the potential to give rise to a conflict of interest with the Association or its objectives and policies; and be it further

RESOLVED, that in no case shall the House of Delegates elect a candidate who has, nor shall a candidate or member of the Board of Trustees develop, a personal interest of such a nature that it would compromise that individual's ability to perform his or her responsibilities as a member of the American Optometric Association Board of Trustees; and be it further

RESOLVED, that all members of the American Optometric Association Board of Trustees shall, on an annual basis, disclose any potential conflict of interest by providing to the House of Delegates a description of any personal business interest, affiliation or activity with any entity that, whether or not active in the health care field, may have the potential to give rise to a conflict of interest with the Association or its objectives and policies; and be it further

RESOLVED, that elected officials of the American Optometric Association shall not allow their names, photographs, titles and/or positions with the Association to be used improperly by any other entity-to advance that entity's business interests, and/or for the official's own personal financial gain; and be it further

RESOLVED, that the American Optometric Association Counsel shall be responsible for ensuring: that the information provided in accordance with the Association's conflict of interest and disclosure policies is properly collected, reviewed, and maintained at the Association's main office; that, upon request, such information is provided to any delegates, officers, and trustees at the House of Delegates each year at the annual congress; that any interim

disclosures of information submitted in accordance with these policies in between annual congresses is promptly redistributed to all members of the Board of Trustees and to all members of the Judicial Council for their review; and that such information be made available for inspection, upon the written request of any member, by appointment with the Association Counsel, during regular business hours; and be it further

RESOLVED, that the Judicial Council shall be responsible for overseeing the administration of the Association's conflict of interest and disclosure policies, and shall make recommendations, where appropriate, to the House of Delegates as to the sufficiency and appropriateness of these policies and the procedures established to implement them; and be it further

RESOLVED, that the Judicial Council shall be responsible for rendering final decisions on any questions arising under the Association's conflict of interest and disclosure policies. Complaints against any member elected or appointed to a position in the Association related to conflicts of interest or failure to disclose any conflict of interest shall be made in writing to the Judicial Council setting forth the details of the complaint with specificity. The Judicial Council shall initially screen such complaint, with assistance from Counsel, and determine if it merits further review. If further review is determined to be warranted, the Judicial Council shall conduct a hearing at which the party making the complaint and the party against whom the complaint is being made shall have the right to be heard, be represented by an attorney, give evidence, and present and cross-examine witnesses. The Judicial Council, by majority vote, shall then render a written decision on the complaint, including any recommendations thereon. Such decision shall be forwarded to the Board of Trustees for final action on any recommendations.

491  
(10 of 1941)  
(Mod. 1976)  
(Mod. 1995)  
(Mod. 2000)  
(Mod. 2005)

**REPORTS TO BE PUBLISHED MUST BE SANCTIONED AND APPROVED BY HOUSE OF DELEGATES OR BOARD OF TRUSTEES**

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WHEREAS, the House of Delegates or the Board of Trustees of the American Optometric Association in the interim between meetings of the House of Delegates, are the bodies to declare the general policy of the Association; and

WHEREAS, the Accreditation Council on Optometric Education is the agency of the Association charged with the task of setting standards for and evaluating and accrediting optometric educational

programs to assure students and the public the highest quality of optometric education; and

WHEREAS, the Accreditation Council on Optometric Education performs quasi-public functions and operate under a duty to protect the public interest; now therefore be it

RESOLVED, that no Group, Center, Commission, Section, Project Team, Committee, or other entity of the American Optometric Association shall publish or otherwise disseminate any report, paper, or other document of any kind purporting to contain any statement or declaration of policy without having first obtained House of Delegates or Board of Trustees approval of the policy; and be it further

RESOLVED, that the deliberations and reports of the Accreditation Council on Optometric Education relative to the programs or institutions which they evaluate are confidential, and reports or data relative to these individual programs or institutions may be published or disseminated with the consent of the program or institution concerned but without having first obtained the approval of the House of Delegates or Board of Trustees; and be it further

RESOLVED, that the Accreditation Council on Optometric Education shall not publish any manual or guidebook purporting to contain any statement of policy or rules of procedure without having first provided interested individuals, groups, and institutions, including the Board of Trustees, with advance notice of the proposed policies or procedures and an adequate opportunity to comment on the substance of such policies or procedures; and be it further

RESOLVED, that the Accreditation Council on Optometric Education shall not publish any manual or guidebook purporting to contain any statement of policy without having first submitted the same to the Board of Trustees for confirmation that the proposed policy is within its authority as set forth in the Bylaws of this Association and is within its scope and function as set forth in the Scope and Function Manual.

568  
(52 of 1942)

#### MEMBERSHIP DRIVE FOR ORGANIZED OPTOMETRY

---

WHEREAS, it is desirable to have all eligible optometrists as members of organized optometry; now therefore be it

RESOLVED, that all associations affiliated with the American Optometric Association institute an intensive membership drive immediately to enroll all eligible optometrists; and be it further

RESOLVED, that the American Optometric Association lend all possible cooperation to this effort.

653  
(7 of 1945)  
(Mod. 1976)  
(Mod. 1985)

DIAGNOSIS, TREATMENT AND MANAGEMENT OF THE CONTACT LENS PATIENT

WHEREAS, the diagnosis, treatment and management of the contact lens patient is an integral part of the practice of optometry; and

WHEREAS, for many years doctors of optometry have been in the forefront in the field of research and development of contact lens therapy; and

WHEREAS, the diagnosis, treatment and management of the contact lens patient is a highly sophisticated procedure requiring the skills of a member of the learned professions; now therefore be it

RESOLVED, that it is the position of the American Optometric Association that the diagnosis, treatment and management of the contact lens patient be restricted to the professions of optometry and medicine.

663  
(17 of 1945)  
(Mod. 1985)

COPYRIGHTED AOA MATERIAL

RESOLVED, that important material printed or published by the American Optometric Association be properly protected by copyright.

756  
(12 of 1947)  
(Mod. 1985)  
(Mod. 2005)

MEMBERSHIP IN AMERICAN OPTOMETRIC FOUNDATION

WHEREAS, the American Optometric Foundation, founded in 1947, continues to be an important organization with growing need and potential in the fields of optometric education and research; now therefore be it

RESOLVED, that the American Optometric Association most strongly urges every optometrist to support the American Optometric Foundation by liberal contributions.

769  
(25 of 1947)  
(Mod. 1985)  
(Mod. 2005)

RELATIONSHIP WITH OPHTHALMOLOGY

WHEREAS, it is in the best interests of the public that a closer relationship exist between ophthalmology and optometry; now therefore be it

RESOLVED, that the profession of optometry continue to seek cooperation with the profession of ophthalmology for the medical and visual welfare of the public in a spirit of mutual respect and professionalism that recognizes the full qualifications of both professions.

928  
(9 of 1951)  
(Mod. 1995)

PROMOTE AND ENCOURAGE FINANCIAL AID TO  
OPTOMETRIC EDUCATIONAL INSTITUTIONS AND  
RESEARCH

---

WHEREAS, the future practitioners of optometry and their value in public service are dependent upon their education; and

WHEREAS, the course of educational institutions are finding that the cost of providing an optometric education has been constantly increasing; and

WHEREAS, funds beyond the fees paid by the students must become available to optometric educational institutions in order to meet these increasing costs and to continue research; now therefore be it

RESOLVED, that the American Optometric Association promote and encourage financial aid to the optometric educational institutions, both within the profession and among the public.

933  
(14 of 1951)  
(Mod. 1985)  
(Mod. 1990)  
(Mod. 1995)  
(Mod. 2010)

STATE ASSOCIATIONS URGED TO STUDY THEIR  
RESPECTIVE LAWS

---

WHEREAS, there are still some jurisdictions in which public authorities discriminate against doctors of optometry in the field of eye care; now therefore be it

RESOLVED, that all state associations are urged to study their respective laws to the end that the law be so drawn or amended so that there shall be no discrimination between the services of doctors of optometry and those of other health care practitioners.

1042  
(16 of 1953)  
(Mod. 1995)  
(Mod. 2000)

AOA REPRESENTATIVES TO MAKE REGULAR VISITS TO  
ALL SCHOOLS AND COLLEGES OF OPTOMETRY

---

WHEREAS, the visitation to the students studying optometry in the various schools and colleges by officials of the American Optometric Association is desirable; now therefore be it

RESOLVED, that the Board of Trustees of the American Optometric Association is requested, in its judgment, to arrange for regular visits by representatives of the American Optometric Association to each school or college of optometry for the purpose of appearing before the student body and explaining to them the advantages of belonging to organized optometry.

1129  
(6 of 1955)

STATES URGED TO CREATE OR EXPAND  
INTERPROFESSIONAL RELATIONS

---

WHEREAS, it is in the public interest that the various health professions meet and discuss those problems which affect the public health and welfare; and

WHEREAS, many of these problems concern more than one profession; now therefore be it

RESOLVED, that the Board of Trustees of the American Optometric Association take such steps as may be necessary to create or expand interprofessional relations with all the professions or groups concerned with the public health and welfare; and be it further

RESOLVED, that the state associations be encouraged to take steps to create similar relations on a state and local level.

1139  
(16 of 1955)

AOA TO COOPERATE WITH NATIONAL ORGANIZATIONS  
IN FIELD OF VISION CARE

---

WHEREAS, there are a substantial number of national organizations which devote themselves to activities in the field of eye and vision care such as research, conservation, safety, education and others; and

WHEREAS, such organizations can function more effectively in the public interest with the advice and cooperation of the profession of optometry; now therefore be it

RESOLVED, that the American Optometric Association make known to national organizations and groups for the advancement of eye and vision care its availability for optometric consultation and cooperation.

1241  
(17 of 1957)  
(Mod. 2005)

#### ACQUAINT STUDENTS WITH ADVANTAGES OF FEDERAL SERVICE CAREERS

WHEREAS, there are many advantages for the career optometrist in the Uniformed Services including the U.S. Public Health Service Commissioned Corps; and

WHEREAS, new graduates are unapprised of the advantages as well as the procedures regarding the procuring of a commission; now therefore be it

RESOLVED, that the American Optometric Association respectfully requests the Department of Defense and the Department of Health and Human Services to send officers of the Uniformed Services, including representatives of the U.S. Public Health Service Commissioned Corps, to the optometric colleges to acquaint and apprise students of the advantages of a military and public health service career and the procedure and regulations pertaining to applications for commissions.

1342  
(8 of 1959)  
(Mod. 1980)  
(Mod. 2000)

#### PREFERRED TITLES FOR USE BY OPTOMETRISTS

WHEREAS, it is the declared policy of the American Optometric Association that the titles OPTOMETRIST, DOCTOR OF OPTOMETRY, and OPTOMETRIC PHYSICIAN are sufficient all-embracing to cover the complete practice of optometry; and

WHEREAS, it is the declared policy of the American Optometric Association that the use of the titles DOCTOR OF OPTOMETRY and OPTOMETRIC PHYSICIAN in assisting public recognition of the practitioners of the profession of optometry are preferred titles; now therefore be it

RESOLVED, that all optometrists be encouraged to identify themselves as DOCTORS OF OPTOMETRY, or as OPTOMETRIC PHYSICIANS where permitted by state law or regulation, in all forms of communication where practicable.

1390  
(10 of 1960)  
(Mod. 1985)  
(Mod. 2005)

#### SAVE YOUR VISION MONTH

WHEREAS, the observance of an annual "Save Your Vision Month" has made the public aware of the need for vision care; now therefore be it

RESOLVED, that the month of March shall be "Save Your Vision Month."

1391  
(11 of 1960)

COOPERATION WITH STATE AGENCIES RE MOTORISTS  
VISION AND HIGHWAY SAFETY

WHEREAS, the American Optometric Association and the state associations have acquired and accumulated so much data, material and knowledge on the subject of motorists vision and its relation to highway safety; now therefore be it

RESOLVED, that the American Optometric Association and the various state associations continue to offer their cooperation to the appropriate state agencies and make available to them their materials and knowledge on the subject so as to assist in the prevention of the unnecessary loss of life on the highway.

1465  
(1 of 1962)

CORPORATE TITLE AND SEAL OF AOA

WHEREAS, the corporate title of the American Optometric Association and its seal are the sole and exclusive property of the American Optometric Association; now therefore be it

RESOLVED, that the name "American Optometric Association" or the initials "AOA" or the seal of the American Optometric Association shall not be used in any manner or for any purpose unless and until written permission has been granted by the American Optometric Association.

1472  
(8 of 1962)  
(Mod. 1985)  
(Mod. 1995)

SCHOOLS AND COLLEGES OF OPTOMETRY URGED TO  
FURTHER DEVELOP AND EXPAND RESEARCH

WHEREAS, basic research in vision has always been deemed essential to the development of optometric science and is therefore one of the continuing responsibilities of the profession of optometry; and

WHEREAS, the schools and colleges of optometry are the profession's major source of research talent, the principal disseminators of scientific optometric knowledge and the primary agencies in the application of new optometric knowledge; now therefore be it

RESOLVED, that the schools and colleges of optometry continue to further develop and expand programs and facilities for basic as well as applied research in vision.

1512  
(5 of 1963)  
(Mod. 1985)  
(Mod. 1995)  
(Mod. 2000)  
(Mod. 2010)

STATES URGED TO STUDY INSURANCE LAWS AND  
REGULATIONS RE: COMPREHENSIVE HEALTH CARE AND  
GROUP PLANS

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RESOLVED, that the American Optometric Association earnestly urges each state association to examine and study the insurance laws and regulations of the state and any and all other laws and regulations under which comprehensive health care plans or group health plans may be authorized; and be it further

RESOLVED, that the individual state associations take any and all steps necessary to amend the applicable laws and regulations to permit the inclusion of an equal reimbursement to doctors of optometry as participating providers and the rendering of eye health and vision care by doctors of optometry in basic health and supplemental third party programs whenever eye care is included or offered.

1534  
(7 of 1964)  
(Mod. 1995)

PRACTICE WITH OTHER HEALTH CARE PROFESSIONS  
AND DISCIPLINES

---

WHEREAS, optometrists and state associations have sought guidance from the American Optometric Association concerning the ethical relationship of optometrists with other health care professions and disciplines in the joint practice of their professions; and

WHEREAS, it is against the public interest if the public cannot readily identify and distinguish the profession or discipline practiced by each individual in a joint practice; now therefore be it

RESOLVED, that the American Optometric Association declares that it is ethical for optometrists, as permitted by law, to be associated with, to be partners with, to employ or be employed by other health care professions and disciplines, so long as each practitioner is clearly identified by designation and title of the profession or discipline for which he or she is licensed.

1646  
(10A of 1969)

PUBLIC HEALTH CAREERS

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RESOLVED, that there be developed a definite career track program broadly in the field of public health with major emphasis on community care and health services administration; and be it further

RESOLVED, that this career track begin with a basic optometric education to be followed by a graduate education in a graduate school of public health or a graduate school of public administration or other similar graduate programs; and be it further

RESOLVED, that the American Optometric Association encourages more optometrists to enter the field of public health.

1650  
(14A of 1969)

#### HIGHEST LEVEL UTILIZATION

RESOLVED, that to assure maximum success of the comprehensive health care programs in the delivery of health care, the American Optometric Association favors the continued utilization of optometric services and skills at the highest level of their professional competence in the care of the patient.

1673  
(8A of 1971)  
(Mod. 1985)  
(Mod. 2010)

#### INSTITUTIONAL AND CLINICAL FACILITIES UNDER PROFESSIONAL SUPERVISION OF OPTOMETRISTS

WHEREAS, the development of clinics, ambulatory care units and hospital out-patient dispensaries are developing as health service delivery units; and

WHEREAS, the visual welfare of the patient is best served by upholding optometric standards of quality vision and preventive eye care in comprehensive group health care environments, as in single optometric care units; and

WHEREAS, the peer review concept should also prevail in the group environment; now therefore be it

RESOLVED, that all optometric services provided by doctors of optometry within institutional health care facilities and group clinical health care centers should be professionally, as distinguished from administratively, reviewed by doctors of optometry, consistent with the peer judgment concept; and be it further

RESOLVED, that the American Optometric Association urges all affiliated state optometric associations to examine their laws governing the licensing and regulation of clinics and dispensaries in hospitals and ambulatory health care facilities with a view toward seeking legislation or initiating other appropriate action to assure that all optometric services provided in such facilities shall be under the professional supervision of doctors of optometry.

1686  
(2A of 1972)  
(Mod. 1985)  
(Mod. 2005)

## STATUS OF CIVIL SERVICE OPTOMETRISTS

WHEREAS, optometrists in civil service have contributed greatly to the nation's vision care and the profession of optometry; now therefore be it

RESOLVED, that the American Optometric Association reaffirms its position that the civil service status and compensation of optometrists in civil service should be the same level as other independent health care professionals in such service.

1694  
(10A of 1972)  
(Mod. 1985)  
(Mod. 1995)

## ETHNICALLY DIVERSE RECRUITMENT

WHEREAS, the American Optometric Association, in conjunction with the National Optometric Association, the National Optometric Student Association, the Association of Schools and Colleges of Optometry, and the American Optometric Student Association, continues to recognize the need for more intensive, extensive and inclusive programs of ethnic diverse recruitment, e.g., African Americans, Native Americans, Hispanics and other under-represented ethnic groups; and

WHEREAS, there is a critical shortage of optometrists from diverse racial and ethnic backgrounds; and

WHEREAS, the recruitment, admission, enrollment, retention as well as financial aid sources are of increasing concern to the aforementioned groups; now therefore be it

RESOLVED, that the American Optometric Association consider the recruitment, admission, enrollment and retention of individuals from diverse racial and ethnic backgrounds to be a high priority, and be it further

RESOLVED, that the American Optometric Association continue to work with the affiliated associations, as well as AOA members who are representatives of these ethnic and racial groups, to increase the representation of racial and ethnic groups, within the profession and to increase the availability of financial aid sources to help support their optometric education.

1705  
(4 of 1973)

DRIVING UNDER THE INFLUENCE OF ALCOHOL OR  
DRUGS

---

WHEREAS, the visual process necessary for safe driving requires maximum efficiency of an individual's physical, physiological, and psychological processes; and

WHEREAS, research studies have shown that alcohol and/or other drugs may result in varied reactions that interfere with physical and mental functions; and studies have also indicated that drivers under the influence of alcohol and/or other drugs have been a major factor influencing motor vehicle accidents; now therefore be it

RESOLVED, that the American Optometric Association supports legislative, administrative and judicial efforts to restrict those drivers influenced by alcohol and/or drugs from the streets and highways for the protection of all citizens.

1711  
(10 of 1973)  
(Mod. 1985)

OPTOMETRIC MANPOWER FEDERAL SUPPORT

---

WHEREAS, optometry is a national asset; now therefore be it

RESOLVED, that the federal government has a responsibility to the American public to provide adequate financial support to optometric educational institutions; and be it further

RESOLVED, that the optometric educational institutions share in an equitable distribution of federal funds to all primary health professions based on an equal percentage of the per student cost of professional education to the first health professional degree; and be it further

RESOLVED, that the American Optometric Association urges the President of the United States, the Department of Health and Human Services, and the Congress of the United States to appropriate and expend sufficient funds for optometric educational institutions, enabling them to provide health manpower necessary to meet the vision needs of the American people.

1713  
(12 of 1973)  
(Mod. 1985)  
(Mod. 1990)  
(Mod. 1995)  
(Mod. 2005)  
(Mod. 2010)

## WORKFORCE RATIOS

RESOLVED, that the profession will reevaluate at regular intervals the changes in health care delivery systems and the population growth to determine workforce projections and the ratio of optometrists to population.

1741  
(13 of 1974)  
(Mod. 2000)  
(Mod. 2005)

## OPTOMETRIC INSTRUMENTATION AND VALIDATION

RESOLVED, that the American Optometric Association encourages the development of new scientific equipment, instrumentation and technology relating to the eye and vision system; and be it further

RESOLVED, that the American Optometric Association strongly urges that developers have the safety and efficacy of such new equipment and instrumentation validated by independent studies, preferably at schools and colleges of optometry or other institutions, using ANSI and ISO standards when available; and be it further

RESOLVED, that reports of such independent studies be made available to health care providers at the earliest possible date.

1757  
(3 of 1975)  
(Mod. 2005)

## OPTOMETRIC RECOGNITION AWARD

WHEREAS, the American Optometric Association is a professional organization dedicated to the art and science of quality eye and vision care for the American public; and

WHEREAS, an objective of the American Optometric Association is "to promote continuing education to enable all optometrists to keep pace with and utilize current scientific, professional, and technological advances in vision care"; now therefore be it

RESOLVED, that an Optometric Recognition Award be established to recognize each licensed optometrist completing 150 hours of continuing optometric education during a three year period; and be it further

RESOLVED, that the American Optometric Association urges each licensed optometrist to qualify for the Optometric Recognition Award and accept a continuing optometric education commitment as basic to the continued delivery of quality vision care to the American public.

1777  
(Cod. Res. 81, 119, 126,  
764, 891, 939, 996, 1082,  
1132, 1133, 1186, 1561,  
1704, 1710, 1730)  
(Mod. 1995)

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#### MOTORISTS VISION AND HIGHWAY SAFETY RESEARCH

---

RESOLVED, that the American Optometric Association continue to encourage optometric researchers to engage in further research in vision and its relationship to driving.

1791  
(4 of 1977)  
(Mod. 1990)

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#### PRIMARY CARE

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WHEREAS, primary health care can be defined as a first contact service, assessing and seeking to resolve a broad range of patient needs; coordinating the health care team; maintaining continued contact and responsibility for a patient's care; and advising and educating; and

WHEREAS, a doctor of optometry functions as a first contact service, and seeks to resolve a broad range of patients' eye, vision, and health care needs; coordinates and cooperates with other members of the health care team to respond to the care of the patient; maintains continued contact and responsibility for a patient's eyecare; and acts as a patient's advisor and educator; now therefore be it

RESOLVED, that a doctor of optometry is a primary care provider in the health care delivery system and the principal provider of primary eye care.

1795  
(8 of 1977)  
(Mod. 2010)

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#### CONSUMER INFORMATION

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WHEREAS, optometry as a primary health care profession has recognized the public's need for information regarding its professional services; now therefore be it

RESOLVED, that the American Optometric Association continue to develop a positive consumer information program, emphasizing the professional skills and services optometry provides, and to educate the public as to what constitutes proper and competent optometric care; and be it further

RESOLVED, that all doctors of optometry are encouraged to share information regarding the concerns of consumers and consumer groups which may enable them to make informed decisions regarding optometric care; and be it further

RESOLVED, that the American Optometric Association maintain a basic public information program with adequate funding and long-range planning to assure continuity.

1798  
(3 of 1978)  
(Mod. 1990)  
(Mod. 1995)  
(Mod. 2000)

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#### GOVERNMENTAL HEALTH CARE PROGRAMS

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WHEREAS, optometry should be included in every governmental health care program; now therefore be it

RESOLVED, that the American Optometric Association maintain maximum effort to assure optometric inclusion in Quality Assurance Organizations, Health Maintenance Organizations (HMOs), Health Systems Agencies (HSAs) and Managed Care Organizations (MCOs) on a national level.

1803  
(1 of 1979)  
(Mod. 2010)

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#### HEALTH CARE PROVIDER LICENSING

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WHEREAS, the licensing and regulating of health care providers are of the highest importance to the general public and a concern to optometry and other health care professions; and

WHEREAS, the traditional role of the states has been to license and regulate such providers; and

WHEREAS, certain federal agencies are investigating the possibility of preempting the traditional role of the states in this area; now therefore be it

RESOLVED, that the American Optometric Association seek active participation in federal planning studies of federal licensing and regulating of health care providers; and be it further

RESOLVED, that the American Optometric Association make known to appropriate federal agencies its concern with preemption of states' rights in licensing and regulating health care providers.

1808  
(Cod. Res. 1765 & M-1979-6)

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#### SUPPORT OF AOA-PAC

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RESOLVED, that the American Optometric Association urges every member optometrist actively to support AOA-PAC, to make voluntary contributions to AOA-PAC and to encourage their fellow optometrists and others to make similar contributions; and be it further

RESOLVED, that the American Optometric Association encourages the AOA-PAC Board to assist the affiliated associations in actively soliciting AOA-PAC memberships.

1810  
(Cod. Res. 1230, 1422)  
(Mod. 2010)

#### OPTOMETRIC PARTICIPATION IN FEDERAL/STATE HEALTH PROGRAMS

RESOLVED, that the appropriate committees and affiliated associations of the American Optometric Association continue to seek coverage of optometric services in federal/state health programs, and that such coverage should include a freedom of choice provision; and be it further

RESOLVED, that doctors of optometry be encouraged and urged to participate in government programs, services, and institutions in their professional capacity; and be it further

RESOLVED, that the appropriate committees and affiliated associations of the American Optometric Association be requested to provide each other with the information required to assure maximum optometric participation in federal/state health programs.

1813  
(2 of 1980)

#### VISIBILITY OF MOTOR VEHICLES

WHEREAS, a driver's ability to recognize other motor vehicles varies under different driving conditions and with the design and safety markings of the vehicle itself; and

WHEREAS, improved motor vehicle lighting design and use of safety markings may substantially improve the visibility of motor vehicles and thereby reduce the potential for accidents; now therefore be it

RESOLVED, that the American Optometric Association supports the actions of the National Highway Traffic Safety Administration to increase the visibility of motor vehicles for the safety of the entire public.

1817  
(1 of 1981)  
(Mod. 1985)  
(Mod. 1995)

#### HIGH BLOOD PRESSURE DETECTION

RESOLVED, that the American Optometric Association encourages doctors of optometry to participate in the interdisciplinary hypertension programs which aid in detection, evaluation and treatment of high blood pressure; and be it further

RESOLVED, that the American Optometric Association encourages doctors of optometry to incorporate the detection of signs of high blood pressure as an integral part of their usual patient examination procedures.

1823  
(1 of 1982)  
(Mod. 2005)

#### FEDERAL/STATE PROGRAMS

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WHEREAS, recent changes in a variety of such federally-funded health-related programs have shifted greater control of and financial responsibility for these programs to the states; and

WHEREAS, the movement to reduce the federal budget and scale down the scope of the federal government itself can be expected to result in additional program decision-making being returned to the states during the next few years; and

WHEREAS, federally-funded health-related programs affect a significant number of optometric patients, the percentage of which is even higher in urban areas; now therefore be it

RESOLVED, that the affiliated state associations be encouraged to place more emphasis on state legislative and administrative activities pertaining to health-related programs which are supported by both federal and state funds.

1827  
(1 of 1983)

#### CONTACT LENSES IN INDUSTRY

---

WHEREAS, members of the American Optometric Association are deeply concerned with the visual efficiency of industrial workers as well as their safety; and

WHEREAS, many persons see better and work more efficiently while wearing contact lenses; and

WHEREAS, a policy which requires the removal of contact lenses during working hours may cause serious vision problems for some workers including spectacle blur, field restriction or aniseikonia; and

WHEREAS, some restrictions now imposed upon contact lens wearers are not based on reliable documented research; now therefore be it

RESOLVED, that the American Optometric Association opposes restrictions on the use of contact lenses in an industrial environment unless documented research or experience confirms that some

special hazard to the contact lens wearer actually exists; and be it further

RESOLVED, that the American Optometric Association, recognizing that contact lenses are not substitutes for appropriate eye safety devices, strongly recommends the use of eye safety devices whenever indicated.

1828  
(2 of 1983)

#### AOA-PAC VOLUNTARY CHECK-OFF CONTRIBUTION SYSTEM

---

WHEREAS, political participation by the greatest number of American Optometric Association members is desirable and has been encouraged; and

WHEREAS, AOA-PAC is the political action vehicle of professional optometry; and

WHEREAS, a voluntary check-off system considerably increases participation in AOA-PAC by American Optometric Association members; now therefore be it

RESOLVED, that the American Optometric Association encourages the affiliated associations to institute a voluntary check-off system for AOA-PAC contributions on their dues billing.

1831  
(5 of 1983)  
(Mod. 2010)

#### BOXING SAFETY

---

WHEREAS, there have been many serious injuries suffered by boxers in recent years; and

WHEREAS, many of these injuries to the head, neck and the neurological system affect vision; and

WHEREAS, these injuries could be substantially reduced by adopting and enforcing more stringent safety standards; now therefore be it

RESOLVED, that the American Optometric Association urges appropriate officials to adopt and enforce safety measures and rules to better protect the overall health and welfare of the participants, including the use of thumbless gloves and a system of matching boxers' skills and physical prowess more equally; and be it further

RESOLVED, that specific diagnostic tests be administered by doctors of optometry or ophthalmologists to determine the health of

the participants' visual systems be conducted before and after each contest.

1832  
(6 of 1983)

#### TOBACCO SMOKING AND HEALTH

---

WHEREAS, the Surgeon General of the United States has identified tobacco smoking as a major cause of death and serious illness; and

WHEREAS, research has shown that tobacco smoking can cause external eye irritation, loss of visual acuity and color perception, limited night vision and reduced field of vision, and may produce other vision impairments; and

WHEREAS, these health hazards are preventable by the cessation or reduction of tobacco smoking; now therefore be it

RESOLVED, that the American Optometric Association urges doctors of optometry and their staffs to promote good public health practices by not smoking and by discouraging others from smoking; and be it further

RESOLVED, that the American Optometric Association through continuing education programs on the ill effects of smoking on health, including the vision system, encourages young people and adults not to smoke, or to reduce their smoking.

1833  
(7 of 1983)

#### CONTACT LENS TERMINOLOGY

---

WHEREAS, the American public is becoming increasingly confused regarding what comprises quality care for the contact lens patient; and

WHEREAS, the term "contact lens fitting" is contributing to the public's confused concept of quality care by placing undue emphasis on ophthalmic materials; and

WHEREAS, the statement "diagnosis, treatment and management of the contact lens patient" stresses the overriding importance of professional services and the delivery of quality care for contact lens patients; now therefore be it

RESOLVED, that the American Optometric Association use the phrase "diagnosis, treatment and management of the contact lens patient" in place of the confusing phrase "contact lens fitting", and urges its use by individual optometrists, the affiliated associations and allied optometric organizations.

1834  
(8 of 1983)

## INTERNATIONAL OPTOMETRY

---

WHEREAS, the Objects of the American Optometric Association are, "To improve the vision care and health of the public and to promote the art and science of the profession of optometry"; and

WHEREAS, the major causes of world-wide blindness and vision loss can largely be alleviated by proper utilization of optometric services; and

WHEREAS, in most underdeveloped countries eye/vision care services are very scarce and inaccessible to the majority of the population, and are not sufficient to meet the vision needs of the people; now therefore be it

RESOLVED, that the American Optometric Association offers its assistance, whenever possible, to aid in the establishment and development of the profession of optometry throughout the world, when such help is requested.

1835  
(1 of 1984)

## SCOPE OF PRACTICE

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WHEREAS, the American Optometric Association has long recognized the importance of state optometric practice acts providing that doctors of optometry utilize professional judgment based on their education, training and experience; and

WHEREAS, the public benefits when doctors of optometry practice the full scope of their professional competency and use their professional judgment and training to manage functional and organic problems; now therefore be it

RESOLVED, that the American Optometric Association endorses the continued growth of the learned profession of optometry; and be it further

RESOLVED, that the American Optometric Association endorses the right of the affiliated state associations to pursue changes in state legislation and regulations which provide doctors of optometry the right to practice the full scope of optometry based on their education, training and experience.

1836  
(Cod. Res. 180, 1349)

AOA TO LEND EFFORTS ON INTERNATIONAL LEVEL

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WHEREAS, optometric conditions throughout the world are in need of organization; and

WHEREAS, there is also urgent need of optometric schools and laws in many countries; and

WHEREAS, there is a wave of liberation now taking place throughout the world, with the resultant lack of regulation and controls in the optometric profession; and

WHEREAS, the United Nations, through its various health organizations is doing excellent remedial work and it behooves the American Optometric Association to lend its efforts on an international level; and

WHEREAS, the optometric societies in the various countries of Europe and elsewhere are working along the lines of the American Optometric Association for the advancement of the profession of optometry; now therefore be it

RESOLVED, that the American Optometric Association lend its optometric support toward newly established countries, as well as world health measures, to the best of its ability; and be it further

RESOLVED, that the American Optometric Association should use all means to promote closer relations among optometric associations throughout the world.

1837  
(Cod. Res. 1384, 1511)  
(Mod. 2000)

INCLUSION OF EYE AND VISION CARE IN HEALTH CARE PROGRAMS

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WHEREAS, there is a growing trend toward comprehensive health care; and

WHEREAS, health care programs are incomplete without the inclusion of eye and vision care; now therefore be it

RESOLVED, that the American Optometric Association seeks the inclusion of eye and vision care in all health programs and that optometric services be utilized in providing vision care; and be it further

RESOLVED, that whenever a health care program, public or private, is offered, which includes eye and vision care, it shall be a major effort of the American Optometric Association to assure the inclusion of optometry as an independent, coordinate discipline, to the end that the public shall not be deprived of optometric services and shall continue to retain its inalienable right of freedom of choice of practitioner.

1838  
(Cod. Res. 1692, 1762)  
(Mod. 1995)  
(Mod. 2010)

#### VISION AND LEARNING DISABILITY

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WHEREAS, a problem being demonstrated by many children and adults today, generally known as learning disability, is a symptom or sign of an underlying problem of many complex processes of growth and development, with the ability to use vision being one of these processes; and

WHEREAS, it is optometry's belief that success in learning can be better achieved through interdisciplinary collaboration and cooperation which is in the best interest of the child or adult; now therefore be it

RESOLVED, that the American Optometric Association pledges its continued cooperation with disciplines that have concern for children and adults with learning problems; and be it further

RESOLVED, that the American Optometric Association affirms the responsibility of the optometrist in the management of vision conditions which relate to learning and the rehabilitation of such patients.

1839  
(Cod. Res. 1805, 1806)  
(Mod. 1988)  
(Mod. 1995)  
(Mod. 2000)  
(Mod. 2005)  
(Mod. 2010)

#### AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI) STANDARDS

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WHEREAS, the American National Standards Institute (ANSI) is a nationally recognized organization for the development of voluntary product standards in the United States; and

WHEREAS, ANSI has established an American National Standards Committee on Ophthalmic Standards (Z80) which has been involved in the development of ophthalmic standards since 1956; and

WHEREAS, the American Optometric Association and other optometric organizations have participated directly in the development of all consensus ophthalmic standards by the ANSI Z80 committees and they continue to be active participants in the

development of new as well as the revision of existing standards;  
now therefore be it

RESOLVED, that the American Optometric Association endorses the following ANSI Z80 standards and encourages every doctor of optometry to utilize them as minimum standards and maximum tolerances appropriate to evaluate the quality of ophthalmic materials to assure protection of the consumer:

ANSI Z80.1 – Ophthalmics – Prescription Ophthalmic Lenses – Recommendations

ANSI Z80.3 – Ophthalmics – Non-Prescription Sunglasses and Fashion Eyewear Requirements

ANSI Z80.5 – Requirements for Ophthalmic Frames

ANSI Z80.7 – Ophthalmics – Intraocular Lenses

ANSI Z80.9 – Ophthalmics – Devices for Low Vision

ANSI Z80.10 – Ophthalmics – Ophthalmic Instruments – Tonometers

ANSI Z80.11 – Laser Systems for Corneal Reshaping

ANSI Z80.12 – Multifocal Intraocular Lenses

ANSI Z80.17 – Focimeters

ANSI Z80.18 – Contact Lens Care Products: Vocabulary, Performance, Specifications and Test Methodology

ANSI Z80.20 – Ophthalmics – Contact Lenses – Standard Terminology, Tolerances, Measurements, and Physicochemical Properties

ANSI Z80.21 – Ophthalmics – Instruments – General-Purpose Clinical Visual Acuity Charts

ANSI Z80.23 – Corneal Topography Systems – Standard Terminology, Requirements

ANSI Z80.24 – Ophthalmics – Information Interchange for Ophthalmic Optical Equipment

ANSI Z80.25 – Ophthalmics – Instruments: Fundamental Requirements and Test Methods

ANSI Z80.26 – Ophthalmics – Data processing and Interchange Information for Ophthalmic Instruments

ANSI Z80.27 – Ophthalmics – Aqueous Shunts for Glaucoma Applications

ANSI Z80.28 – Ophthalmics – Methods for Reporting Optical Aberrations of the Eye.

1840  
(Cod. Res. 519, 1584)  
(Mod. 1990)  
(Mod. 1995)  
(Mod. 2005)

#### VISION THERAPY AND ORTHOPTICS

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WHEREAS, vision therapy is the art and science of developing visual abilities to achieve optimal visual performance and comfort; and

WHEREAS, orthoptics is that phase of vision therapy related to strengthening the control and ability for coordinated use of the two eyes; and

WHEREAS, the neuromuscular and sensory motor aspects of vision therapy are an integral part of the curriculum of every school and college of optometry; and

WHEREAS, optometry has been instrumental in developing the concepts and techniques involved in vision therapy and orthoptics; now therefore be it

RESOLVED, that the American Optometric Association reaffirms its position that vision therapy and orthoptics have always been an integral and essential part of the practice of optometry; and be it further

RESOLVED, that the practice of vision therapy and orthoptics by an unlicensed person, except in the office and under the supervision, direction and control of a licensed optometrist or physician, is contrary to the best interests of the public.

1842  
(2 of 1985)  
(Mod. 2000)  
(Mod. 2005)  
(Mod. 2010)

## SUPPORT OF OPTOMETRIC RESEARCH

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WHEREAS, the American Optometric Association recognizes the importance of optometric research to the continued growth of the profession by co sponsoring the Summer Research Institute which trains optometric clinical researchers and assists researchers in how to write successful grants; and

WHEREAS, The American Academy of Optometry, the American Optometric Foundation, the Association of Schools and Colleges of Optometry, the American Optometric Institute and, the American Foundation for Vision Awareness, Beta Sigma Kappa, the College of Optometrists in Vision Development, the Optometric Extension Program Foundation, and others, in addition to the American Optometric Association, have a long history of involvement in the pursuit and support of optometric research and development; and

WHEREAS, recent trends in health care delivery have reemphasized the need for expanding optometric research and development as reflected in the American Optometric Association's long range plan; and

WHEREAS, there is a need to further facilitate and develop optometric research; now therefore be it

RESOLVED, that the American Optometric Association reaffirms its commitment to and urges the advancement of optometric research and development to increase the ability of optometry to best serve the public need through broadening the knowledge base underlying optometric clinical care.

1843  
(3 of 1985)  
(Mod. 2005)  
(Mod. 2010)

## CORTICAL VISION IMPAIRMENT TERMINOLOGY

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WHEREAS, the American Optometric Association recognizes the importance of optometric research to the continued growth of the profession in service to the public; and

WHEREAS, in the absence of differential terminology, "cortical blindness" has been used to describe both partial as well as the total absence of function in the visual cortex; and

WHEREAS, the majority of individuals who have the diagnosis of "cortical blindness", do indeed have some residual vision; and

WHEREAS, a diagnosis of "cortical blindness" can lead to stereotypical behavior particularly toward children; and

WHEREAS, optometrists and ophthalmologists currently use the term "vision impairment" or "low vision", rather than "blindness", when referring to a condition where usable vision is remaining; and

WHEREAS, a survey of the membership of the Vision Rehabilitation Section of the American Optometric Association agreed that the term "cortical vision impairment" or "CVI" is a more accurate term than "cortical blindness" in those cortical conditions where there is residual vision; now therefore be it

RESOLVED, that the American Optometric Association recommends that the diagnosis "cortical vision impairment" (CVI) be used in place of "cortical blindness" in those cortical conditions where there is residual vision; and be it further

RESOLVED, that the American Optometric Association call on other professions to adopt the term "cortical vision impairment" (CVI) in place of "cortical blindness" in those cortical conditions where there is residual vision.

1844  
(1 of 1986)  
(Mod. 1990)  
(Mod. 1995)  
(Mod. 2000)

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#### BILLING TO THIRD PARTY INSURANCE PLANS

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RESOLVED, that the American Optometric Association considers the excess billing of benefit plans, whether in the public or private sector, to be unethical and to be contrary to the behavior of a professional practitioner of a learned health care profession.

1847  
(4 of 1986)

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#### THE OPTOMETRIC OATH

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WHEREAS, over the years numerous optometric organizations and the schools and colleges of optometry have developed and utilized an optometric oath; and

WHEREAS, the American Optometric Association has always supported and endorsed the highest standards, ethics and ideals for the profession of optometry; now therefore be it

RESOLVED, that the following statement be adopted as the oath of the optometric profession, to wit:

#### THE OPTOMETRIC OATH

With full deliberation I freely and solemnly pledge that: I will practice the art and science of optometry faithfully and

conscientiously, and to the fullest scope of my competence. I will uphold and honorably promote by example and action the highest standards, ethics and ideals of my chosen profession and the honor of the degree, Doctor of Optometry, which has been granted me.

I will provide professional care for those who seek my services, with concern, with compassion and with due regard for their human rights and dignity.

I will place the treatment of those who seek my care above personal gain and strive to see that none shall lack for proper care.

I will hold as privileged and inviolable all information entrusted to me in confidence by my patients.

I will advise my patients fully and honestly of all which may serve to restore, maintain or enhance their vision and general health.

I will strive continuously to broaden my knowledge and skills so that my patients may benefit from all new and efficacious means to enhance the care of human vision.

I will share information cordially and unselfishly with my fellow optometrists and other professionals for the benefit of patients and the advancement of human knowledge and welfare. I will do my utmost to serve my community, my country and humankind as a citizen as well as an optometrist.

I hereby commit myself to be steadfast in the performance of this my solemn oath and obligation.

and be it further

RESOLVED, that the American Optometric Association encourages all state and local optometric associations and the schools and colleges of optometry to endorse and to employ the Optometric Oath whenever appropriate.

1849  
(2 of 1987)

#### SMOKING

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WHEREAS, doctors of optometry are concerned with the health of all Americans; and

WHEREAS, the health hazards of tobacco smoking have long been known to health care professionals; and

WHEREAS, the adverse effects of breathing tobacco smoke on vision are now being further researched; and

WHEREAS, the adverse effects of breathing tobacco smoke from others' smoking, (passive smoking) are now becoming known; and

WHEREAS, the American Optometric Association House of Delegates in 1983 adopted resolution number 1832 urging all Americans not to smoke; and

WHEREAS, the American Optometric Association House of Delegates has for several years prohibited smoking in the House of Delegates; now therefore be it

RESOLVED, that all optometric associations are urged to create smoke-free environments by prohibiting smoking in association offices and at meetings or other association functions.

1850  
(3 of 1987)  
(Mod. 1995)  
(Mod. 2005)

#### EYE CARE FOR THE PATIENT WITH DIABETES

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WHEREAS, the American Diabetes Association has reported that diabetic eye disease is the number one cause of new blindness in people between the ages of 20-74 in this country, and that each year 5,800 Americans lose their sight because of diabetes; and

WHEREAS, the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services have funded cooperative agreements for state-based diabetes control programs to ensure that patients who are at high risk for visual loss due to diabetic retinopathy are identified, examined, and treated; and

WHEREAS, doctors of optometry are primary health care practitioners, educated and clinically trained to diagnose ocular disease, specifically the ocular manifestations of systemic disease including diabetes; and

WHEREAS, increased attention needs to be directed toward the eye care of patients with diabetes, with appropriate information developed and disseminated to health care professionals and to the public; now therefore be it

RESOLVED, that the American Optometric Association supports programs to prevent vision loss and/or blindness caused by diabetes; and be it further

RESOLVED, that optometric diagnosis and ocular management are important factors in the control of diabetes and optometrists should be an integral part of diabetic patient management; and be it further

RESOLVED, that appropriate information regarding the eye care of patients with diabetes be developed and disseminated to health care professionals and the public.

1852  
(5 of 1987)

#### AIDS RESEARCH

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WHEREAS, Acquired Immune Deficiency Syndrome (AIDS) is a life threatening communicable disease which has become the Nation's number one public health issue; and

WHEREAS, the number of diagnosed cases of AIDS and fatalities has been steadily increasing at a geometric rate, killing thousands of Americans, mostly young and productive individuals; and

WHEREAS, an estimated 270,000 cases of AIDS and 179,000 deaths caused by the disease will have occurred by the end of 1991; and

WHEREAS, required supportive health services for AIDS patients in 1991 is estimated to cost up to \$16 billion; and

WHEREAS, the impact on our society of HIV antibody testing and AIDS diagnosis will continue to be a major public health issue; and

WHEREAS, it is incumbent upon optometrists, as primary health care providers, to be knowledgeable and to counsel patients about AIDS, since the disease has ocular manifestations and the HIV antibody which causes AIDS has been isolated in tears but not found to be transmissible; and

WHEREAS, it is important to educate the public to take precautionary measures to prevent AIDS transmission; now therefore be it

RESOLVED, that the American Optometric Association supports private and government funding of educational programs to inform the general public accurately with scientific facts, to reduce unfounded fear of infection in the general population, and to prevent further infection in populations at risk of contracting AIDS; supports confidentiality in voluntary testing for the HIV antibody; supports increased private and federal funding for AIDS research; and supports continual efforts to assess potential improvement of

treatment in order to provide the most efficacious cost-effective care.

1853  
(6 of 1987)

#### ERISA

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WHEREAS, there are presently various health care services available to groups and/or individuals through health programs; and

WHEREAS, in some instances these groups and/or individuals are not given the opportunity to select the health care provider of their choice; and

WHEREAS, some health care programs may include the coverage of certain services that may not include optometric health care services; and

WHEREAS, the Employee Retirement Income Security Act (ERISA) may preempt state freedom of choice laws and/or mandated benefits laws that govern certain types of these health care programs; now therefore be it

RESOLVED, that the American Optometric Association work to ensure that groups and/or individuals have full and equal access to health care services provided by optometrists in all health care programs that include medical and/or vision services, including those subject to the Employee Retirement Income Security Act (ERISA).

1854  
(2 of 1988)

#### TORT REFORM

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WHEREAS, over the past several years there has been growing concern with the present tort system in the United States; and

WHEREAS, although efforts to reform the tort system throughout the country have helped to ease the professional liability crisis, much work still needs to be done; now therefore be it

RESOLVED, that the American Optometric Association and affiliate state associations support federal and state legislation as appropriate to deal fairly and equitably with the tort system in such a way that health care services are not limited or denied to patients; and be it further

RESOLVED, that legislative or other approaches to tort reform problems be studied and developed in cooperation with other health organizations and interested parties.

1855  
(3 of 1988)  
(Mod. 2005)

## SALE OF CONTACT LENSES

WHEREAS, contact lenses are scientific, prosthetic, medical devices; and

WHEREAS, improper fitting, wearing, or after-care can result in significant anterior segment health problems which may result in eye irritation, eye damage or even loss of vision; and

WHEREAS, contact lens wearers who obtain contact lenses without appropriate professional evaluation incur a significantly higher risk of such problems during and after lens wear; and

WHEREAS, such ocular health problems can be alleviated or avoided with proper patient management, examination, and ongoing evaluation, by a practitioner authorized to do so pursuant to state law; now therefore be it

RESOLVED, that the American Optometric Association calls for the adoption of laws or regulations prohibiting the sale of contact lenses directly to the consumer without a proper, unexpired prescription issued by a practitioner authorized to do so pursuant to state law.

1858  
(1 of 1989)  
(Mod. 2000)  
(Mod. 2002)  
(Mod. 2005)

## LOW VISION REHABILITATION

WHEREAS, it is estimated that there are at least 14 million individuals with visual impairment in the United States; and

WHEREAS, without intervention, visual impairment can diminish the quality of life and challenge an individual's education, income, and independent living potential; and

WHEREAS, the American Optometric Association supports the interdisciplinary approach to low vision rehabilitation; and

WHEREAS, Doctors of Optometry are independent primary health care providers who care for many individuals with visual impairment; and

WHEREAS, optometrists are uniquely qualified to manage individuals with visual impairments through evaluation, diagnosis, treatment, and prescription of low vision devices and/or systems (e.g., optical, non-optical, electronic) to be integrated in the rehabilitation process, and provide/coordinate therapeutic

intervention and other forms of care; and

WHEREAS, optometric low vision rehabilitation can lead to enhanced quality of life; and

WHEREAS, many individuals with visual impairment do not receive low vision rehabilitation; now therefore be it

RESOLVED, that the American Optometric Association inform the public about the benefits of low vision rehabilitation; and be it further

RESOLVED, that the American Optometric Association urges organizations and agencies serving individuals with visual impairment to fully utilize optometric low vision rehabilitation services; and be it further-

RESOLVED, that the American Optometric Association encourages optometrists to continue to provide, co-manage, or refer every individual with visual impairment for appropriate optometry low vision rehabilitation.

1861  
(4 of 1989)  
(Mod. 1995)

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#### VISION TESTING FOR DRIVERS LICENSE RENEWAL

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WHEREAS, vision is the most important sensory modality for driving; and

WHEREAS, impaired vision can be a most important factor in increasing the risk of auto accidents; and

WHEREAS, vision continues to change throughout the driver's lifetime; and

WHEREAS, the vision of many drivers may deteriorate below an acceptably safe level during his or her driving lifetime; now therefore be it

RESOLVED, that the American Optometric Association continue to urge that the laws of all states provide a suitable and adequate vision screening for a driver's license which shall be given not only prior to licensing, but also periodically thereafter at intervals of not more than four years.

1862  
(5 of 1989)

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#### PATIENT COMPLIANCE WITH CONTACT LENS REGIMENS

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WHEREAS, contact lenses of various types and materials are utilized by an increasing number of patients; and

WHEREAS, it is important for contact lens patients to adhere to prescribed instructions on proper wearing, removing, cleaning and disinfecting of their lenses; and

WHEREAS, non-compliance with prescribed wear and care regimens and schedules can have severe eye health complications; now therefore be it

RESOLVED, that the American Optometric Association continue to actively promote the education of the public about the importance of compliance with the prescribed wear and care regimens of contact lenses and the importance of continuous patient monitoring by an optometrist.

1863  
(6 of 1989)  
(Mod. 1995)  
(Mod. 2010)

#### READY-TO-WEAR READING GLASSES

WHEREAS, self diagnosis of vision problems may delay diagnosis, treatment, and management of an underlying disease; and

WHEREAS, ready-to-wear reading glasses do not provide correction for many vision conditions, such as astigmatism, anisometropia, and muscle imbalances which can lead to discomfort and inefficiency; now therefore be it

RESOLVED, that the American Optometric Association continue to educate the public about the danger to their health and visual welfare by solely relying on ready-to-wear reading glasses without examination or recommendation by their eye care professional.

1864  
(7 of 1989)  
(Mod. 1995)  
(Mod. 2010)

#### PROTECTION FROM SOLAR RADIATION

WHEREAS, ultraviolet radiation emitted from sunlight and man made sources has been shown by laboratory data to result in corneal damage; and

WHEREAS, ultraviolet radiation (UV-B) has been shown to produce cortical cataracts in the laboratory and has been reported to cause pinguecula and cortical cataracts in human epidemiological studies; and

WHEREAS, ultraviolet radiation in the UV-A waveband and short wavelength visible light have been shown to cause retinal lesions and has been implicated in other retinal problems; and

WHEREAS, much of the damaging solar radiation can be prevented from reaching the eye by absorption in spectacle lenses, intra-ocular lenses, and contact lenses; and

WHEREAS, there is evidence indicating that exposure to solar radiation is a contributing factor in producing other diseases; now therefore be it

RESOLVED, that the American Optometric Association urge all manufacturers and suppliers of eyecare products to incorporate solar protection in their products and to properly label ophthalmic lenses, intra-ocular lenses, and contact lenses; and be it further

RESOLVED, that the American Optometric Association cooperate with and enlist financial support from other organizations, associations and governmental agencies for the development and implementation of a major public education effort to reduce the detrimental effects of solar radiation on the public's health; and be it further

RESOLVED, that the American Optometric Association urge the education of the public to dangers of exposure to solar radiation and of the benefits of protection from solar radiation.

1865  
(8 of 1989)  
(Mod. 2005)

#### VISION USA

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WHEREAS, most Americans recognize the importance of good vision; and

WHEREAS, some people are unable to obtain needed eye care services due to their lack of financial ability, or their inability to secure private health insurance, or their inability to qualify for government health care programs; and

WHEREAS, the Code of Ethics of the American Optometric Association states that "it shall be the ideal, the resolve and the duty of its members to see that no person shall lack for visual care regardless of his financial status"; and

WHEREAS, the American Optometric Association has developed a national optometric charity entitled VISION USA which provides needed vision care services to the working poor throughout this nation; now therefore be it

RESOLVED, that all members of the American Optometric Association be urged to participate in the VISION USA National Optometric Charity Project and to donate at least 8 hours of their services each year to individuals who are unable to obtain needed eye care services due to their lack of financial ability, their inability to secure private health insurance, or their inability to qualify for government health care programs.

1866  
(9 of 1989)

#### SUPPORT FOR VISION USA

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WHEREAS, VISION USA is a much needed optometric charity; and

WHEREAS, some people are unable to obtain needed eye care services due to their lack of financial ability or their inability to secure private insurance or their inability to qualify for government health care programs; and

WHEREAS, optometric participation in the VISION USA project fosters esprit de corps among the members of the American Optometric Association, promotes a positive image of the optometric profession and is an important activity to bring recognition to the profession; now therefore be it

RESOLVED, that the American Optometric Association Board of Trustees be requested to make the VISION USA project an ongoing optometric charity; and be it further

RESOLVED, that the American Optometric Association Board of Trustees be requested to provide encouragement and assistance to the affiliated states for the VISION USA project.

1867  
(10 of 1989)

#### SECOND SURGICAL CATARACT OPINIONS

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WHEREAS, the Federal Government has identified cataract surgery as an overutilized surgical procedure; and

WHEREAS, second surgical opinions have been shown to be effective in the control of overutilization; and

WHEREAS, second surgical opinions have been shown to control unnecessary cataract surgery, and

WHEREAS, optometrists have the clinical expertise to determine when cataract surgery will benefit the patient; now therefore be it

RESOLVED, that the American Optometric Association reaffirms that optometrists are qualified to render accurate and unbiased second surgical opinions for patients who may need cataract surgery; and be it further

RESOLVED, that the American Optometric Association continue to urge all public and private programs which require or permit second surgical opinions for cataract surgery to recognize and utilize optometrists for providing second opinions.

1868  
(11 of 1989)  
(Mod. 2005)

#### PRE AND POST OPERATIVE CARE

WHEREAS, optometrists are clinically trained and licensed in every state to provide pre and post-operative quality care; and

WHEREAS, optometrists provide convenient and cost-effective pre and post-operative quality care; and

WHEREAS, optometrists have traditionally demonstrated an excellent record of working with ophthalmic surgeons; now therefore be it

RESOLVED, that the American Optometric Association reaffirm that pre and post-operative eye care through management and co-management are an integral service provided by optometrists; and be it further

RESOLVED, that the American Optometric Association reaffirm the patient's freedom of choice to select an eye care provider who delivers these services; and be it further

RESOLVED, that the American Optometric Association pursue ongoing action to ensure that optometrists continue to provide pre and post-operative care within the scope of their license as authorized by state law.

1869  
(12 of 1989)  
(Mod. 1995)  
(Mod. 2000)

#### OPTOMETRIC HOSPITAL PRIVILEGES

WHEREAS, optometrists are primary health care providers; and

WHEREAS, optometrists are trained to provide services to patients with signs and symptoms of eye disease, vision problems, ocular manifestations of systemic disease, and ocular emergencies; and

WHEREAS, optometrists are accessible eye and vision care providers to many hospitals; and

WHEREAS, patients would benefit from eye and vision care and consultation by their optometrist during their hospital stay; and

WHEREAS, Medicare has recognized optometrists as qualified to provide optometric services in Medicare certified hospitals; now therefore be it

RESOLVED, that the American Optometric Association promote and support the attainment of hospital privileges for optometrists within the scope of practice as authorized by state law; and be it further

RESOLVED, that the American Optometric Association educate the public about the role of the optometrist in providing primary eye and vision care in the hospital setting.

1870  
(13 of 1989)  
(Mod. 2010)

#### PATIENT MANAGEMENT

WHEREAS, optometrists are primary health care providers; and

WHEREAS, optometrists are often the most accessible, convenient and cost effective eyecare providers available to the public; and

WHEREAS, optometrists are educated and clinically trained to diagnose, treat, manage and co-manage conditions of the eye and visual system; and

WHEREAS, optometrists continue to demonstrate their ability to manage and co-manage patients with various health care providers; now therefore be it

RESOLVED, that the American Optometric Association inform and educate the public, legislators and third party payers about the role of the optometrist in the management and co-management of patients in concert with other health care providers.

1871  
(14 of 1989)  
(Mod. 2010)

#### CATASTROPHIC HEALTH CARE

WHEREAS, doctors of optometry are primary health care providers; and

WHEREAS, doctors of optometry are trained to provide services to patients with signs and symptoms of eye disease and vision problems, ocular manifestations of systemic disease, and ocular emergencies; and

WHEREAS, current proposed Federal legislation, which would insure the uninsured, could create a situation similar to problems optometry faces with the Employee Retirement Income Security Act (ERISA); now therefore be it

RESOLVED, that the American Optometric Association urge that all Federal catastrophic health care legislation and all legislation which is federally financed or federally regulated, include doctors of optometry as physicians as defined in Section 1861(r) of the Social Security Act; and be it further

RESOLVED, that the American Optometric Association urge that all state catastrophic health care legislation include doctors of optometry as providers.

1873  
(16 of 1989)

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#### VISION THERAPY

WHEREAS, optometric, medical, and visual science literature supports the efficacy of vision therapy and its benefits to the patient; and

WHEREAS, some reimbursement systems fail to recognize optometric vision therapy as a reimbursable service; and

WHEREAS, the American Optometric Association has reaffirmed its position that vision therapy/visual training and orthoptics are an integral part of the practice of optometry and have provided significant benefits to the patient; now therefore be it

RESOLVED, that the American Optometric Association take steps to assure the inclusion of optometric vision therapy in all reimbursement systems.

1874  
(17 of 1989)  
(Mod. 1995)  
(Mod. 2000)

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#### REFERRAL OF PATIENTS

WHEREAS, doctors of optometry are educated, clinically trained and licensed to diagnose and treat visual conditions and ocular diseases and disabilities; and

WHEREAS, interprofessional referral of patients among optometrists, physicians, and/or other health care providers for consultation or treatment purposes is often in the best interest of the patient; and

WHEREAS, reimbursement for these professional services is customarily by payment from the patient and/or third party payers, whether in the public or private sectors; now therefore be it

RESOLVED, that the American Optometric Association affirms that interprofessional consultations and referral should be with full reciprocal professional courtesies and privileges including complete confidential reports of information which may be coordinated in affording the best optometric care to the patient; and be it further

RESOLVED, that the American Optometric Association reaffirms that the decision on where to refer a patient for additional care or consultation should be based on the best potential for restoring ocular health and vision and not upon personal inducements or arrangements.

1875  
(18 of 1989)  
(Mod. 2005)

#### CONSUMER INFORMATION ON COMPUTERS

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WHEREAS, the use of computers has increased greatly; and

WHEREAS, the extended use of computers places new and demanding stress on the eyes and the vision system; and

WHEREAS, the comfort and efficiency of those using computers may be directly affected by visual needs and the environment which can be obviated by special attention to these factors; and

WHEREAS, optometrists are uniquely qualified to provide vision care and consultation to those using computers; now therefore be it

RESOLVED, that the American Optometric Association encourage ongoing research on the visual needs and environmental factors affecting computer operators; and be it further

RESOLVED, that the American Optometric Association encourage the development of standards relating to computers and to those using computers; and be it further

RESOLVED, that the American Optometric Association further provide consumer information for those using computers stressing the importance of regular optometric eyecare and other important considerations related to computer use.

1877  
(2 of 1990)  
(Mod. 1995)  
(Mod. 2005)

## OPTOMETRIC ASSISTANTS AND TECHNICIANS

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WHEREAS, the American Optometric Association representing the profession of optometry has a continuing concern for the training of suitable ancillary personnel; and

WHEREAS, the American Optometric Association recognizes its responsibility in the organization and development of training programs in these areas so that competent personnel can be trained; and

WHEREAS, in the public interest such training programs, in whatever institution, should have effective liaison with the profession of optometry through the appropriate American Optometric Association committee or council; and

WHEREAS, there is a critical shortage of formally educated optometric assistants and technicians; and

WHEREAS, the demand for professionally trained optometric assistants and technicians is increasing as optometrists seek to efficiently utilize their ancillary personnel in the delivery of quality eye care; now therefore be it

RESOLVED, that the curriculum for optometric assistants and technicians be appropriate for a variety of institutions, including community colleges if practical experience can be provided; and be it further

RESOLVED, that the duties of the optometric assistant and technicians shall be limited to mechanical and technical functions, not requiring the exercise of professional discretion and/or judgment which violate state laws and regulations and shall not in any manner represent an extension of optometric licensure to those not licensed to practice optometry in the state wherein they are performed; and be it further

RESOLVED, that existing training programs be under continuous review by the American Optometric Association so as to advance the health and welfare of the public and serve the need of the profession; and be it further

RESOLVED, that the American Optometric Association continue to support optometric assistants and technicians through liaison with the Paraoptometric Section and the Commission on Paraoptometric Certification.

1883  
(2 of 1991)  
(Mod. 2010)

STANDING COMMITTEE DEALING WITH ETHICS AND  
VALUES OF OPTOMETRIC CARE AND SERVICES

RESOLVED, that the American Optometric Association Board of Trustees establish a standing committee dealing with ethics and values of optometric care and services with a broad mission and focus to address a variety of circumstances and problems which now exist in the health care arena that affect the practices and services of Doctors of Optometry; and be it further

RESOLVED, that the standing committee dealing with ethics and values of optometric care and services make an annual report to the American Optometric Association House of Delegates.

1885  
(4 of 1991)  
(Mod. 1995)

PLACEMENT OF RECENT GRADUATES

WHEREAS, recent graduates of schools and colleges of optometry are finding it increasingly difficult to secure practice opportunities in optometry; and

WHEREAS, recent graduates represent the future of optometry; and

WHEREAS, an optometric practice is revitalized by the inclusion of a recent graduate; now therefore be it

RESOLVED, that the American Optometric Association continue to develop and implement programs to assist established optometrists in creating mutually beneficial practice arrangements with recent graduates.

1886  
(5 of 1991)  
(Mod. 1995)  
(Mod. 2000)

PATIENT CARE DECISIONS INVOLVING THE PRESCRIBING  
AND DISPENSING OF OPHTHALMIC PRODUCTS

WHEREAS, patient care decisions involving the prescribing and/or dispensing of ophthalmic products should be made solely on the basis of an eye care provider's professional judgment that is in the patient's best interest; and

WHEREAS, patient care decisions should not be made on the basis of an eye care provider's participation in a manufacturer's advertising, promotional and/or company sponsored research program involving the prospect of personal inducements to the eye care provider from a manufacturer; now therefore be it

RESOLVED, that the American Optometric Association opposes

any prescribing and/or dispensing of ophthalmic products based on the participation by the optometrist in a manufacturer's advertising, promotional and/or research program involving the prospect of personal inducements to the optometrist from a manufacturer.

1888  
(7 of 1991)  
(Mod. 2000)

#### OPTOMETRIC PARTICIPATION IN INVESTIGATIONAL DRUG STUDIES

WHEREAS, optometrists are trained and educated to utilize prescription pharmaceutical agents; and

WHEREAS, optometrists have been given the statutory authority in all states to utilize pharmaceutical agents for diagnostic and therapeutic purposes; and

WHEREAS, optometrists and optometric researchers have conducted original investigations of new and existing pharmaceutical agents and have contributed substantially to the published literature on ocular pharmacology and therapeutics; and

WHEREAS, the profession of optometry serves a patient population that is suited to investigational studies and has numerous qualified investigators in academic and clinical centers in the United States; now therefore be it

RESOLVED, that the American Optometric Association strongly encourages pharmaceutical manufacturers to include optometrists as principal investigators in investigational drug studies.

1890  
(9 of 1991)

#### HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

WHEREAS, the American Optometric Association has, in its 1944 Code of Ethics, held that all patients should be professionally cared for regardless of their personal problems; and

WHEREAS, the Optometric Oath repeats this fundamental principle of ethical concern for the patient; and

WHEREAS, new clinical circumstances in health care of the American public require newer levels of concern for the care of patients with infectious and/or communicable disease; now therefore be it

RESOLVED, that the American Optometric Association in Congress assembled reiterates its time-honored principle of professional care for all patients; and be it further

RESOLVED, that the American Optometric Association strongly recommends that it be the responsibility of all practicing optometrists to acquire background and knowledge, through continuing professional education, of Human Immunodeficiency Virus infections, appropriate infection control and related public health and patient care issues.

1892  
(2 of 1992)  
(Mod. 1995)  
(Mod. 2005)

#### RECOMMENDATION FOR INITIAL AND SUBSEQUENT EYE EXAMINATIONS

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WHEREAS, vision is our most precious sense; and

WHEREAS, it is important that vision impairments and ocular abnormalities be discovered at the earliest possible age; and

WHEREAS, early diagnosis, treatment, and management provide for greater success in resolving vision and eye health problems; and

WHEREAS, modern clinical optometric procedures provide for reliable examinations of infants and small children; and

WHEREAS, optometrists are the primary eye and vision care providers in the nation; now therefore be it

RESOLVED, that the American Optometric Association inform the public of the need to have infants' eyes examined at six months of age by their family optometrist; and be it further

RESOLVED, that the American Optometric Association affirm and recommend guidelines for subsequent pediatric examinations as outlined in the Optometric Clinical Practice Guideline for Pediatric Eye and Vision Examination.

1894  
(4 of 1992)  
(Mod. 2000)

#### FEDERAL SERVICE EYE AND VISION CARE

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WHEREAS, the American Optometric Association has supported the highest quality eye and vision care for beneficiaries of the military medical system, including active duty, retired military personnel and their families; and

WHEREAS, federal service optometrists, as well as their civilian counterparts practicing in military treatment facilities, must maintain stringent professional credentials, continuing education requirements, and adhere to well-established standards of practice; and

WHEREAS, the American Optometric Association maintains that military beneficiaries should continue to receive professional optometric care; and

WHEREAS, it is the position of the American Optometric Association that eligible beneficiaries are entitled to the highest quality eye and vision care, delivered within the current military medical system; and

WHEREAS, the Army and Air Force Exchange Service (AAFES) has in the past expressed intentions to expand optical concessions to include optometric services at selected post and base exchanges; now therefore be it

RESOLVED, that the American Optometric Association objects to any planned AAFES expansion of optical concessions to include optometric services and supports the continued delivery of primary eye care in the professional setting which the military has always provided for eligible beneficiaries; and be it further

RESOLVED, that the Board of Trustees pursue every means available to assure that eligible beneficiaries of the military medical system continue to receive the highest quality eye and vision care.

1895  
(5 of 1992)

#### OPTOMETRIC INCLUSION IN MANAGED CARE

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WHEREAS, managed care is an important component of health care reform in both the public and private sectors; and

WHEREAS, it has been shown that utilizing optometry as the primary care entry point for all eye care enhances accessibility, cost effectiveness, and the quality of eye care; and

WHEREAS, the representatives of managed care groups must have a working knowledge of how optometry can meet the needs of their programs; now therefore be it

RESOLVED, that the American Optometric Association develop strategies and programs which will ensure that doctors of optometry are included at the entry level of managed care; and be it further

RESOLVED, that the American Optometric Association give these strategies and programs a high priority.

1896  
(1 of 1993)  
(Mod. 1995)

## EYE HAZARDS OF FIREWORKS

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WHEREAS, fireworks pose a significant threat to the public health, safety and welfare; and

WHEREAS, an estimated 5,000 eye injuries occur each year from the use of fireworks, most occurring in children and many resulting in blindness; and

WHEREAS, small explosive rockets (bottle rockets) are among the most dangerous type of fireworks; now therefore be it

RESOLVED, that the American Optometric Association joins Prevent Blindness America, the American Public Health Association, the American Academy of Ophthalmology, and other concerned groups to support the enactment of legislation to ban the sale and use of bottle rockets and restrict the use of less dangerous fireworks in all states; and be it further

RESOLVED, that the American Optometric Association recommends the use of appropriate protective eyewear by all who deal with fireworks.

1897  
(2 of 1993)

## CHILD ABUSE

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WHEREAS, child abuse is a problem which affects a broad spectrum of the population; and

WHEREAS, there is a need for increased awareness of the physical, psychological and social harm caused by child abuse; and

WHEREAS, doctors of optometry, as primary care providers, are concerned with the physical, behavioral and social aspects of children and may recognize evidence of child abuse in the course of patient care; now therefore be it

RESOLVED, that the American Optometric Association urges the schools and colleges of optometry to include education on issues relating to child abuse as part of their professional and continuing education curricula; and be it further

RESOLVED, that the American Optometric Association urges other providers of optometric continuing education programs to include education on issues relating to child abuse; and be it further

1898  
(3 of 1993)

RESOLVED, that it is the responsibility of doctors of optometry, when they recognize evidence of child abuse, to refer and/or report such cases to appropriate authorities consistent with applicable federal, state, and local statutes.

#### HEPATITIS B (HBV) INFECTIONS

WHEREAS, infections resulting from the hepatitis B virus (HBV) are a serious public health concern; and

WHEREAS, doctors of optometry may, in the course of patient care, encounter carriers of HBV: and

WHEREAS, knowledge and practice of universal precautions will reduce the risk of transmission; now therefore be it

RESOLVED, that the American Optometric Association urges the schools and colleges of optometry to include education on HBV as part of their professional and continuing education curricula; and be it further

RESOLVED, that the American Optometric Association urges other providers of optometric continuing education programs to include education on HBV: and be it further

RESOLVED, that the American Optometric Association strongly recommends that it be the responsibility of all doctors of optometry to acquire a sound understanding of the specific and unique etiology and pathology of HBV infections, appropriate infection control, and related public health and patient care issues.

1900  
(5 of 1993)  
(Mod. 2005)

#### EYE CARE FOR COMPUTER USERS

WHEREAS, the increasing use of computers has resulted in significant concern for computer user's health and well being; and

WHEREAS, studies have found that many individuals who work at a computer experience problems with eye strain, blurred vision, light sensitivity and ocular fatigue which often affect their productivity, comfort and job satisfaction; and

WHEREAS, through research and clinical practice, optometry is developing and providing effective means to address the unique vision problems and occupational needs of computer users; now therefore be it

RESOLVED, that the American Optometric Association urges the schools and college of optometry to include education on issues related to vision and computer use as part of their professional and continuing education curricula; and be it further

RESOLVED, that the American Optometric Association urges all optometrists to continue to expand their knowledge and understanding of the clinical and ergonomic issues related to vision and computer use; and be it further

RESOLVED, that the American Optometric Association develop and distribute information to improve public understanding of the importance of good vision and ergonomics related to the unique demands of computer use; and be it further

RESOLVED, that the American Optometric Association monitor and offer its guidance in the development of policy and/or legislation related to the regulation and use of computers.

1901  
(6 of 1993)  
(Mod. 2011)

#### HORIZONTAL GAZE NYSTAGMUS AS A FIELD SOBRIETY TEST\*

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WHEREAS, drivers under the influence of alcohol pose a significant threat to the public health, safety, and welfare; and

WHEREAS, optometric scientists and the National Highway Traffic Safety Administration have shown the Horizontal Gaze Nystagmus (HGN) test to be a scientifically valid and reliable tool for trained police officers to use in field sobriety testing; now therefore be it

RESOLVED, that the American Optometric Association acknowledges the scientific validity and reliability of the HGN test as a field sobriety test when administered by properly trained and certified police officers and when used in combination with other evidence; and be it further

RESOLVED, that the American Optometric Association supports doctors of optometry as professional consultants in the use of HGN field sobriety testing.

1904  
(1 of 1994)  
(Mod. 2000)

#### EDUCATION IN ETHICS

---

WHEREAS, a comprehensive understanding of ethics is essential for the humanitarian delivery of health care; and

WHEREAS, the practice of optometry must be firmly based on professional and moral ethics; and

WHEREAS, ethics education should be included within the formal optometric curricula of the schools and colleges of optometry; and

WHEREAS, optometric educators have formulated a curriculum model on ethics; now therefore be it

RESOLVED, that the American Optometric Association endorses the study of ethics as an integral part of optometric education; and be it further

RESOLVED, that the American Optometric Association urges the schools and college of optometry, as well as its affiliate associations providing continuing education, to adopt structured curricula and programs in ethics.

1906  
(3 of 1994)

#### ANTITRUST COMPLIANCE

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WHEREAS, the continuing policy of the American Optometric Association mandates full compliance with the antitrust laws; and

WHEREAS, American Optometric Association volunteers and staff are required to comply with antitrust laws, and avoid even the perception of anticompetitive behavior; and

WHEREAS, the American Optometric Association has developed the "Antitrust Compliance Program Manual for Members and Staff"; and

WHEREAS, this manual contains an Acknowledgement Form declaring that the signatory agrees to comply with the requirements and procedures of the program; now therefore be it

RESOLVED, that no person shall hold an elected or appointed position within the American Optometric Association volunteer structure, including but not limited to center and section leadership positions, without having executed the Antitrust Compliance Program Acknowledgement Form no later than October 1, 1994 and July 1 of each administrative year thereafter, or within 30 days of appointment or election to the volunteer structure; and be it further

RESOLVED, that the American Optometric Association encourages the adoption of an antitrust compliance program by all of its affiliate associations.

1908  
(Combination in 1995 of  
1035-9 of 1953. - Mod.  
1985 – and 1846-3 of  
1986. - Mod. 1990)  
(Mod. 2000)

## VISION EXAMINATION OF SCHOOL-AGE CHILDREN

WHEREAS, literature indicates that the visual process plays a vital role in learning, and any reduction in the efficiency of the visual system may result in the inability of children to achieve their full potential; and

WHEREAS, studies indicate that many school children have undetected, educationally significant eye and vision problems; and

WHEREAS, optometrists are cognizant of and active in the field of vision as it relates to school achievement, and

WHEREAS, it is the responsibility of the optometrist to assess the school-age child's visual readiness for learning and the maintenance of visual performance; now therefore be it

RESOLVED, that the optometric examination of the school-age child should include appropriate recommendations to optimize visual function for classroom performance; and be it further

RESOLVED, that it is the responsibility of the optometrist to examine the eyes, analyze the functioning of the visual system, to prescribe lenses, prisms and vision therapy when necessary, and to collaborate with members of other professions who contribute to the growth, development and achievement of children.

1909  
(Combination in 1995, of  
1699-15A of 1972 and  
1763-9 of 1975. - Mod.  
1985 and 1990)

## PEER REVIEW OF OPTOMETRIC CARE

WHEREAS, Peer Review has been defined as an evaluation procedure that assesses the effectiveness and quality of professional care provided by a health care practitioner when reviewed by other practitioners of the same health discipline; and

WHEREAS, optometrists have established state and local peer review councils, and have successfully developed norms and standards for optometric care; and

WHEREAS, the review of optometric procedures can be most effectively and efficiently reviewed by optometrists who, by their unique educational and clinical background, have the expertise in optometric procedures; and

WHEREAS, a goal of the peer review process for and by optometrists is to maintain the quality of optometric care for the benefit of the public; and

WHEREAS, the professional judgments and recommendations of peer review committees are of value to many third party groups; now therefore be it

RESOLVED, that the American Optometric Association approves the concept of peer review, urges the establishment of peer review evaluation committees by affiliated associations, and encourages each such committee to implement guidelines of optometric care; and be it further

RESOLVED, that the American Optometric Association continues to support the review of optometric care by optometrists only and opposes the review of optometric care by any non-optometrists.

1910  
(Combination in 1995,  
1903-8 of 1993 and 1905-  
2 of 1994.)

#### DISCLOSURE OF CONFLICTS OF INTEREST

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WHEREAS, the American Optometric Association continues to recognize the necessity that individuals holding elected or appointed positions within the American Optometric Association embrace the principles of integrity and trust; and

WHEREAS, the American Optometric Association continues to recognize that officers, trustees and other volunteers of the American Optometric Association and of its affiliated associations bear a special responsibility to avoid conflicts of interest or the appearance thereof between their association responsibilities and their private business interests; and

WHEREAS, the American Optometric Association has adopted a process to identify potential conflicts of interest for volunteers and staff; now therefore be it

RESOLVED, that all elected officials of the American Optometric Association, including the American Optometric Association Board of Trustees and Section Officers, all appointed volunteers and staff of the American Optometric Association should disclose any conflict of interest when engaged or about to engage in activities on behalf of the American Optometric Association, provided that an American Optometric Association entity may adopt stricter guidelines; and be it further

RESOLVED, that all elected and appointed volunteers and staff of the American Optometric Association shall annually execute a statement that they will reveal personal business interests relating to any activities in which the American Optometric Association is engaged; and be it further

RESOLVED, that no person shall hold an elected or appointed position within the American Optometric Association volunteer structure, without having executed the disclosure statement no later than July 1 of each administrative year, or within 30 days of appointment or election to the volunteer structure; and be it further

RESOLVED, that the affiliated associations are urged to develop conflict of interest disclosure requirements comparable to those of the American Optometric Association.

1911  
(1 of 1995)

#### REFRACTION AND PATIENT HEALTH

---

WHEREAS, the American Optometric Association is concerned with protecting the visual welfare of the public by advocating high professional standards of patient care; and

WHEREAS, an eye health and vision evaluation is necessary to diagnose vision and life threatening diseases; and

WHEREAS, a refraction for the purposes of determining the need for corrective lenses is but one component of an eye health and vision evaluation; and

WHEREAS, a refraction without a corresponding eye health evaluation can result in the failure to diagnose vision and life threatening diseases to the irreparable harm of the individual; now therefore be it

RESOLVED, that the American Optometric Association strongly opposes legislation which would permit refractions to be performed independent of eye health and vision evaluations, unless the professional judgment of the optometrist or ophthalmologist indicates otherwise; and be it further

RESOLVED, that the American Optometric Association encourages the affiliated state associations to oppose legislation which would permit refractions to be performed independent of eye health and vision evaluations, unless the professional judgment of an optometrist or ophthalmologist indicates otherwise.

1913  
(3 of 1995)

#### ETHICS COMMITTEE

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WHEREAS, significant changes in technology and in the delivery of optometric care and services are placing ever increasing burdens on the ethical and professional delivery of optometric care and services; now therefore be it

RESOLVED, that the affiliated associations of the American Optometric Association be encouraged to make efforts to raise the level of consciousness about issues of ethical behavior; to identify and address ethical concerns that relate to clinical practice; and to identify and address ethical concerns that relate to organizations' behavior; and be it further

RESOLVED, that the affiliated associations of the American Optometric Association be encouraged, with advice and guidance from their legal counsel, to activate committees on ethics and values which would address concerns as they may arise related to issues of ethical behavior in accordance with applicable federal and state laws.

1915  
(5 of 1995)

#### LICENSURE BY ENDORSEMENT OF CREDENTIALS

---

WHEREAS, changes in the health care delivery system and the expanding prevalence of two-career families has resulted in an ever increasing need for mobility from state-to-state among licensed Doctors of Optometry; and

WHEREAS, every currently licensed Doctor of Optometry has graduated from an accredited school or college of optometry and has passed stringent board examinations established by a state to protect the public and ensure that patients receive quality care; and

WHEREAS, individual state optometry boards must maintain full control of the licensure process, including the establishment of appropriate requirements for licensure within their state; and

WHEREAS, licensure by the endorsement of credentials is the process by which a state board of optometry assesses the equivalency of an individual applicant's credentials to that state's own licensure standards, regardless of interstate contractual agreements; and

WHEREAS, if the Board determines that a candidate's credentials do not sufficiently meet state standards, the Board may stipulate

additional requirements prior to granting licensure by endorsement;  
and

WHEREAS, the process of granting licensure to Doctors of Optometry by some form of endorsement has worked effectively in nearly half the states; now therefore be it

RESOLVED, that the American Optometric Association supports the process of licensure by endorsement of credentials, as established at the state level; and be it further

RESOLVED, that the American Optometric Association encourages the affiliated state associations and individual state optometry boards to actively seek the adoption of legislation or rule changes to establish the process of licensure by endorsement of credentials.

1916  
(1 of 1996)

**ABUSE AGAINST INDIVIDUALS UNABLE TO PROTECT  
THEMSELVES**

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WHEREAS, the awareness of abuse against individuals unable to protect themselves has been elevated to a level where society has taken increased steps to curtail the exploitation of these persons;  
and

WHEREAS, the profession of optometry has an ethical and societal responsibility to be advocates for those suffering abuse; now therefore be it

RESOLVED, that the American Optometric Association and affiliated state associations be encouraged to provide members with educational resources to aid in the recognition of abuse against individuals unable to protect themselves; and be it further

RESOLVED, that the American Optometric Association encourage the National Board of Examiners in Optometry to include questions on the subject of abuse against individuals unable to protect themselves as a portion of their examination, making future practitioners more aware of these problems; and be it further

RESOLVED, that individual doctors of optometry be encouraged to report cases of suspected abuse to the appropriate authorities in accordance with current laws; and be it further

RESOLVED, that the American Optometric Association encourage all affiliated state associations to adopt a similar resolution.

1918  
(3 of 1996)

AOA SUPPORT OF STATE SCOPE OF PRACTICE ISSUES

WHEREAS, the affiliated state associations of the American Optometric Association continue to expand the scope of optometric practice through the legislative process; and

WHEREAS, national organizations are increasing their involvement in state scope of practice issues through their support of legal action; and

WHEREAS, it is important for all state scope of optometric practice acts to be consistent with the highest level of optometric training; now therefore be it

RESOLVED, that the Board of Trustees of the American Optometric Association explore additional ways to assist the affiliated state associations in initiatives to expand or defend their optometric practice acts.

1919  
(4 of 1996)  
(Mod. 2005)

OPTOMETRIC REPRESENTATION IN NATIONAL ACCREDITING ORGANIZATIONS

WHEREAS, the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and the National Committee on Quality Assurance (NCQA) are two of the leading clinical accrediting organizations engaged with managed care networks and clinical institutions; and

WHEREAS, the American Optometric Association embraces the principle of peer review as an essential element of professional independence; and

WHEREAS, it is beneficial that the profession of optometry secure access to established national clinical accreditation entities, due to the development of managed care as a major force in the organization and financing of health care; now therefore be it

RESOLVED, that the Board of Trustees of the American Optometric Association take appropriate actions to help gain optometric representation within appropriate accrediting entities.

1920  
(5 of 1996)

DOCTOR/PATIENT COMMUNICATIONS IN MANAGED HEALTH CARE PLANS

WHEREAS, there is concern that some managed care contract clauses may limit doctors' ability to communicate with patients; and

WHEREAS, it is the ethical duty of doctors of optometry, as a fundamental element of the doctor-patient relationship, to act as an advocate on behalf of the patient; and

WHEREAS, it is a doctor's obligation to discuss necessary and appropriate treatment alternatives and in good faith to fully inform the patient of all treatment options; and

WHEREAS, the failure to communicate specific information may limit the patient's access to timely, relevant and quality health care services; now therefore be it

RESOLVED, that the American Optometric Association strongly encourages the adoption of federal legislation prohibiting managed care organizations from using restrictive contract clauses that may serve to limit a doctor's ability to communicate openly and freely with patients about their care options; and be it further

RESOLVED, that the American Optometric Association strongly encourages the affiliated state associations to seek the adoption of similar state legislation.

1922  
(2 of 1997)

#### OPTOMETRIC INPUT IN THE ESTABLISHMENT OF TELEMEDICINE PROTOCOLS

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WHEREAS, recent advances in digital and optical technologies have made telemedicine a reality and an ever-expanding means of health delivery; and

WHEREAS, telemedicine is broadly defined as the application of information and communication technologies to the delivery of health education and health care; and

WHEREAS, telemedicine program planning and implementation, training, funding, operations, costs and benefits, reimbursement, marketing, staffing, equipment options, purchasing, maintenance and sustainability will affect the optometric profession, now therefore be it.

RESOLVED, that the American Optometric Association promptly explore the clinical applications of telemedicine, both current and future, and provide optometric input in the establishment of telemedicine conventions, protocols and legislative initiatives.

1923  
(3 of 1997)

## EYE AND VISION CARE FOR EVERY CHILD

---

WHEREAS, it is recognized that good eye and visual health is essential for the optimal development of every child; and

WHEREAS, doctors of optometry are recognized as primary eye and vision health care professionals who help assure maximum eye and visual health of children; now therefore be it

RESOLVED, that the American Optometric Association encourages doctors of optometry, as a matter of professional responsibility, to garner appropriate private and public support to assure that every child receives eye and vision care services essential for his or her optimal development.

1928  
(1 of 1998)  
(Mod. 2003)

## PREVENTING SPORTS-RELATED EYE INJURIES

---

WHEREAS, the mission of the American Optometric Association (AOA) Sports Vision Section is to advance the quality and delivery of full-scope optometric sports vision care; to promote sports vision education, eye injury prevention and research; and to evaluate, treat and enhance the vision of athletes; and

WHEREAS, approximately 100,000 eye injuries occur annually in activities related to sports and most are preventable; and

WHEREAS, the National Institutes of Health in Healthy People 2010 set vision objectives for the country and objective 28-9 is to increase the use of appropriate personal protective eyewear in recreational activities and hazardous situations around the home; and

WHEREAS, the National Youth Sports Safety Foundation states, "the sports that are responsible for the greatest number of eye injuries are baseball, ice hockey, and racquet sports"; and

WHEREAS, an eye injury to a monocular athlete has the potential for serious consequences; and

WHEREAS, eye injuries are often disabling and create enormous costs to the injured and to society; now therefore be it

RESOLVED, that the optometrist's role in preventing sports-related eye injuries includes addressing individual athlete's needs, identifying monocular athletes, and informing patients of the need for protective eyewear; and be it further

RESOLVED, that the American Optometric Association encourages the use of protective eyewear that meets the standards set by the American Society for Testing and Materials and the American National Standards Institute.

1931  
(4 of 1998)

APPROPRIATE CREDENTIALING CRITERIA

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WHEREAS, all 50 states and the District of Columbia have achieved therapeutic prescriptive authority; now therefore be it

RESOLVED, that the American Optometric Association encourages all optometrists to seek therapeutic licensure; and be it further

RESOLVED, that the American Optometric Association encourages managed care entities to show reasonable accommodations for those doctors of optometry who have not yet attained therapeutic licensure.

1933  
(1 of 1999)

REPEAL OF TIME LIMITS FOR NATIONAL BOARD SCORES FOR THE LICENSURE BY ENDORSEMENT PROCESS

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WHEREAS, on June 25, 1995, the American Optometric Association House of Delegates adopted resolution #1915, which supports the process of licensure by endorsement; and

WHEREAS, the National Board of Examiners in Optometry, which develops and administers entry-level examinations for the state boards of optometry, has established policies which allow for the recognition of equivalency of earlier forms of its examinations with current forms of the “National Boards”; and

WHEREAS, some states require “National Boards” be taken within a certain period of time as a prerequisite for licensure by endorsement; and

WHEREAS, no state requires currently licensed optometrists within that state to retake the “National Boards” at any time; and

WHEREAS, the requirement in some states that optometrists seeking licensure by endorsement in that state must have passed “National Boards” within a certain time frame creates a barrier that restricts the movement of competent practitioners from one state to another; now therefore be it

RESOLVED, that the American Optometric Association encourages affiliated state associations and individual state optometry boards to actively seek the repeal of state laws or regulations that require candidates for licensure by endorsement to pass the “National Boards” within a certain time frame.

1938  
(3 of 2001)

STATE BOARD CREDIT FOR CONTINUING EDUCATION  
COURSES IN ETHICS

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WHEREAS, the present complexity of health care practice has created a variety of new ethical issues, concerns, and dilemmas; now therefore be it

RESOLVED, that the American Optometric Association supports the inclusion of presentations on ethics in national, regional, and state continuing education programs; and be it further

RESOLVED, that the American Optometric Association encourages all State Boards of Optometry to accept courses in ethics toward fulfillment of continuing education requirements for license renewal.

1939  
(4 of 2001)

PROTECTING AGAINST POTENTIAL BIAS IN PATIENT  
CARE

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WHEREAS, the potential for bias exists based upon certain patient demographic factors; now therefore be it

RESOLVED, that the American Optometric Association reiterates its time-honored principle of appropriate professional care for all patients; and be it further

RESOLVED, that the American Optometric Association, as a matter of ethical concern, strongly encourages all practicing optometrists to be cognizant of the potential for bias in patient care based upon health, gender, age, ethnicity, race, financial status or any other patient characteristic.

1940  
(5 of 2001)

SUPPORT OF THE WORLD HEALTH ORGANIZATION  
VISION 2020 – THE RIGHT TO SIGHT

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WHEREAS, there is an enormous burden that the loss of sight places on individuals, families and their communities; and

WHEREAS, the World Health Organization (WHO) has developed a global initiative for the elimination of avoidable blindness by the year 2020; and

WHEREAS, the WHO *VISION 2020 – The Right to Sight* program offers an unprecedented opportunity to marshal the resources and experience of a broad global coalition of public and private nongovernmental organizations, including the World Council of Optometry; and

WHEREAS, a comprehensive program for the prevention of blindness requires a community-based strategy that incorporates attention to trachoma, blinding malnutrition, onchocerciasis, cataract, ocular trauma, glaucoma, and diabetic retinopathy; and

WHEREAS, such prevention of blindness programs should be expanded to include refractive errors and low vision; and

WHEREAS, there is a need for greater coordination among optometrists, ophthalmologists, and other types of vision care personnel, their organizations and the nongovernmental organizations working in the field of blindness prevention; now therefore be it

RESOLVED, that the American Optometric Association, as a member of the World Council of Optometry, supports the World Health Organization's *VISION 2020 – The Right to Sight* global initiative for the elimination of avoidable blindness.

1942  
(7 of 2001)

**ENCOURAGE PUBLIC AWARENESS AND POLICY  
INITIATIVES TO PROMOTE COMPLETE EYE AND VISION  
EXAMINATIONS FOR CHILDREN**

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WHEREAS, the American Optometric Association is a member organization of The Infants' and Children's Vision Coalition; and

WHEREAS, it is estimated that more than 10 million children below the age of 10 suffer from vision problems; and

WHEREAS, Approximately 80% of all learning is obtained through vision; and

WHEREAS, efficient visual skills are necessary for successful learning in the classroom; and

WHEREAS, studies have demonstrated a strong relationship exists between juvenile delinquency and undiagnosed vision problems; and

WHEREAS, even the most sophisticated vision screenings test only for a few of the necessary learning-related visual skills, leaving most visual skill deficiencies undiagnosed; and

WHEREAS, only 14% of children by age six and only 50% of children by age 12 have received a complete eye and vision examination; and

WHEREAS, many vision problems can be treated successfully if diagnosed and treated at an early age; now therefore be it

RESOLVED, that the American Optometric Association as a member organization of The Infants' and Children's Vision Coalition encourages public awareness and policy initiatives to significantly increase the number of children who receive from an optometrist or an ophthalmologist a complete eye and vision examination.

1943  
(1 of 2002)  
(Mod. 2005)

PARAOPTOMETRIC MEMBERSHIP, TRAINING, AND  
CERTIFICATION

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WHEREAS, the American Optometric Association (AOA) urges all eye care professionals to provide the highest quality eyecare; and

WHEREAS, paraoptometrics perform an integral role in delivering this care; and

WHEREAS, when credentialing healthcare providers, managed care entities are requesting information on the training and/or certification of ancillary staff; and

WHEREAS, the AOA Paraoptometric Section has provided continuing education for its membership for many years; and

WHEREAS, the AOA Paraoptometric Section, in consultation with leaders in optometry, has developed three levels of certification with competency-based examinations; now therefore be it

RESOLVED, that the American Optometric Association recommends that all optometrists encourage paraoptometrics in their offices to become active members of the AOA Paraoptometric Section and obtain appropriate certification; and be it further

1944  
(2 of 2002)

RESOLVED, that the American Optometric Association pursue ways to make paraoptometric education and testing more accessible at the state level.

#### OPTOMETRIC HEALTH PROMOTION AND DISEASE PREVENTION

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WHEREAS, the American Optometric Association seeks to ensure the visual welfare of the public; and

WHEREAS, health promotion and disease prevention are fundamental in ensuring the visual welfare and quality of life of the American people; and

WHEREAS, as primary healthcare providers optometrists address health promotion and disease prevention at three levels; and

WHEREAS, primary prevention refers to those services which eliminate the cause or prevent the onset of ocular disorders and diseases; and

WHEREAS, secondary prevention refers to those services which identify and diagnose as early as possible ocular disorders or diseases for which early intervention is available; and

WHEREAS, tertiary prevention refers to those services which ameliorate, cure or treat ocular disorders or diseases to prevent further deterioration; now therefore be it

RESOLVED, that the American Optometric Association recommends that optometrists and its affiliated associations continue to promote the health and visual welfare of all Americans through primary, secondary and tertiary levels of prevention.

1945  
(3 of 2002)

#### AUTOMATED INSTRUMENTATION

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WHEREAS, automated instrumentation provides a measurement of various parameters of the eye and may serve as a means of data collection to supplement examination procedures; and

WHEREAS, the use of automated instrumentation is only one possible component of a complete professional vision and eye health examination; and

WHEREAS, these instruments provide only limited data relating to the status of the eye; now therefore be it

RESOLVED, that the American Optometric Association strongly advocates professional interpretation and judgment by the doctor of optometry to apply or relate the derived data obtained by automated instrumentation to the total visual needs of the patient.

1946  
(5 of 2002)

THE INCLUSION OF PRIMARY EYE CARE SERVICES IN THE COMMUNITY AND MIGRANT HEALTH CENTERS, A FEDERAL PROGRAM TO EXPAND PRIMARY CARE TO REMOTE AND MEDICALLY UNDERSERVED AREAS OF OUR COUNTRY

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WHEREAS, President George W. Bush seeks to improve access to healthcare for the 42.6 million medically underserved and uninsured in our nation; and

WHEREAS, President George W. Bush seeks to achieve this goal by enhancing access to primary health care through expanding the number and scope of Community and Migrant Health Centers administered by the Health Resources and Services Administration; and

WHEREAS, optometrists are located in nearly 7,100 communities throughout the United States and are the only eye and vision care providers in more than 4,300 communities nationwide; and

WHEREAS, optometry represents the greatest opportunity for access to primary eye care; and

WHEREAS, the American Optometric Association, the organization that represents the greatest number of primary eye care providers in the nation, supports periodic eye examinations for all Americans through its “Healthy Eyes – Healthy People” initiative; now therefore be it

RESOLVED, that the American Optometric Association supports and will actively pursue the inclusion of eye and vision care services as a required primary health care service in the same manner as dental services are included in the Health Centers section of the Public Health Service Act.

1947  
(6 of 2002)

#### PROMOTION OF PRESCRIPTION INSERTS

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WHEREAS, prescription inserts contain important information; and

WHEREAS, these prescription inserts are frequently printed in a font size too small to be readable; and

WHEREAS, optometry promotes the visual welfare of the public; now therefore be it

RESOLVED, that the American Optometric Association should promote legislation or other means to ensure that information contained in prescription drug inserts be printed or made otherwise available in an adequately large type font size to ensure that they are readable by the general public.

1948  
(7 of 2002)

#### HAZARDOUS MATERIAL EDUCATION

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WHEREAS, biological and radiation terrorism are serious threats to the public health, safety and security of all people; and

WHEREAS, biological and radiation hazards potentially can affect the eyes and damage human vision; now therefore be it

RESOLVED, that the American Optometric Association undertake the preparation of educational and instructional materials for distribution throughout the profession on pertinent biological and radiation hazards that can affect the eyes and damage human vision; and be it further

RESOLVED, that the American Optometric Association develop guidelines for responding to such public health hazards.

1949  
(8 of 2002)  
(Mod. 2005)

#### CALL FOR ACTION BY THE AMERICAN OPTOMETRIC ASSOCIATION TO AID THE ASSOCIATION OF SCHOOLS AND COLLEGES OF OPTOMETRY CAMPAIGN TO ATTRACT QUALIFIED STUDENTS

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WHEREAS, in order to provide for a competitive selection process for quality professional optometry programs, an adequate pool of high caliber applicants is required; and

WHEREAS, minority students, including African-American, Hispanic, Native American, and Native Alaskan, are under-represented among students enrolled in optometry school; and

WHEREAS, practicing optometrists have a significant influence on a young person's selection of a career in optometry; and

WHEREAS, the Association of Schools and Colleges of Optometry (ASCO) has launched a campaign entitled "Each One Reach One" to raise awareness and to assist current practitioners in their efforts to encourage high caliber young people to consider pursuing the profession of optometry as a rewarding lifelong career; and

WHEREAS, this program has a dual mission to increase the size of the qualified applicant pool and to increase the diversity of the applicants represented in that pool; and

WHEREAS, the public health is best served by a continuous supply of competent, motivated, and well educated and trained optometrists; now, therefore, be it

RESOLVED, that the American Optometric Association will support in meaningful ways the efforts of the Association of Schools and Colleges of Optometry to increase the qualified applicant pool to ensure the future of the profession of optometry and serve the eye and vision care needs of the public.

1950  
(9 of 2002)

CONCERNING INDIVIDUALS WITH A VISUAL IMPAIRMENT  
WISHING TO DRIVE

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WHEREAS, the American Optometric Association acknowledges that issues of public safety are of primary concern and that driving is not a right, but a privilege; and

WHEREAS, driving is a highly-prized and essential activity allowing increased access to education, employment, healthcare and activities of daily living; and

WHEREAS, individuals with visual impairment vary in term of adjustment to their visual condition, prognosis, response to treatment, adaptation to assistive devices, cognitive factors, co-disabilities, driver training and driving experience; and

WHEREAS, visual acuity and visual field requirements for driving licensure vary significantly nationwide; now therefore be it

RESOLVED, those individuals who do not meet the minimum visual requirements for driving licensure should undergo a comprehensive eye examination to assess visual functioning with correction; and be it further

RESOLVED, the American Optometric Association recommends that persons who do not meet the established minimum visual requirement for driving licensure, and who wish to drive, be considered by the licensing authority where legally permissible on a case-by-case basis.

1952  
(3 of 2003)

#### MOBILIZATION EQUITY FOR ARMED FORCES OPTOMETRISTS

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WHEREAS, Paragraph w of Permanent Orders 008-9, Headquarters, First U.S. Army, provides that Reserve Component physicians, dentists, and nurse anesthetists will be involuntarily mobilized in their current grade and employed or deployed for 90 days in a theater of operations in accord with operational requirements, exclusive of any required pre- and post- deployment periods; and

WHEREAS, The same 90-day rule does not apply to Army Reserve Component optometrists, but such optometrists are subject to being called to serve a full year or more away from their practices; and

WHEREAS, It is discriminatory for optometrists to be treated differently with respect to mobilization; now therefore be it

RESOLVED, That mobilization policies for optometrists in all military services should match those of physicians, dentists, and other independent licensed healthcare providers in that service; and be it further

RESOLVED, That the American Optometric Association strongly encourages the United States Department of Defense and all branches of our armed forces to adopt policies ensuring that optometrists receive equitable treatment by having the same mobilization rules as other independent healthcare providers.

1953  
(4 of 2003)  
(Mod. 2005)

#### INFANTSEE™ - OPTOMETRIC CARE OF INFANTS

---

WHEREAS, InfantSEE™, a program of optometric care for infants and public education, has been initiated by the American Optometric Association to stress to the public and to the optometric community the critical importance of the early detection, diagnosis, and treatment of ocular problems such as amblyopia; and

WHEREAS, the American Optometric Association has received the necessary advisory opinion from the Office of Inspector General of

the US Department of Health and Human Services regarding the compliance of the InfantSEE™ program with applicable federal regulations; now therefore be it

RESOLVED, that doctors of optometry, as a matter of public health policy of the American Optometric Association, and consistent with the national intent and direction of “Healthy People – 2010,” place added emphasis on the care of infants; and be it further

RESOLVED, that the American Optometric Association encourages all doctors of optometry, where permitted by law and regulation, to participate in InfantSEE™ by providing a comprehensive infant eye assessment within the first year of life as a no cost, charitable public health service.

1954  
(1 of 2004)

#### OPTOMETRIC EDUCATOR MEMBERSHIP CLASS

WHEREAS, in 2001 the American Optometric Association (AOA) House of Delegates amended the Bylaws to create an Optometric Educator class of membership; and

WHEREAS, Optometric Educators are considered to be of vital importance toward educating, recruiting and retaining new licentiates for whom they are role models and mentors; and

WHEREAS, to encourage Optometric Educator membership the AOA House of Delegates approved a fifty percent reduction in dues; and

WHEREAS, the corresponding reduction in dues and assessments by individual states may differ from that offered by the AOA; now therefore be it

RESOLVED, that the 2004 AOA House of Delegates encourages affiliated associations to consider offering similar reductions in dues and assessments to Optometric Educator members as does the AOA.

1955  
(2 of 2004)

#### ADVANCE ACCESS TO AOA CONGRESS INFORMATION

WHEREAS, technology has made communications and the transfer of information and documents more efficient; and

WHEREAS, the delegates to the annual Congress of the American Optometric Association (AOA) would benefit by having access to the materials provided in the House of Delegates Handbook prior to the meeting; now therefore be it

RESOLVED, that the AOA will make available electronically the House of Delegates Handbook to the affiliated associations no less than ten days prior to the opening of the annual AOA Congress.

1956  
(3 of 2004)

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#### PROTECTION OF MEMBER PERSONAL INFORMATION

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WHEREAS, the American Optometric Association (AOA) desires to protect its members' personal individual information; and

WHEREAS, the AOA has a policy of honoring individual members' requests to not release their personal information; now therefore be it

RESOLVED, that the AOA encourages its individual members who do not wish their personal information sold, leased, or otherwise provided to any entity to inform the AOA Secretary/Treasurer in writing.

1957  
(4 or 2004)

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#### ACCESS TO EYECARE IN FEDERAL PROGRAMS

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WHEREAS, an important component of quality care is the patient's right to choose his/her provider and

WHEREAS, the patient-provider relationship and on-going continuity of care are important components of quality care; now therefore be it

RESOLVED, that the American Optometric Association direct the Federal Government Relations Committee to evaluate the feasibility of creating national any willing provider language applicable to all Federal payors; and be it further

RESOLVED, that, if determined to be feasible, language for such legislation be proactively developed with the input and support of those state affiliates with any willing provider laws now in place; and be it further

RESOLVED, that the American Optometric Association solicit the support and input of other healthcare provider groups; and be it further

RESOLVED, that this initiative be commenced immediately on passage of this resolution and that a progress report be submitted by the 2005 annual AOA Congress.

1958  
(5 of 2004)

#### RURAL HEALTH CARE

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WHEREAS, the American Optometric Association, all its committees and affiliate organizations continue to endorse and support the vision and eye health objectives in the nation's public health agenda as set forth for the nation by the United States Department of Health and Human Services' document Healthy People 2010; and

WHEREAS, the American Optometric Association has established as one of its goals the promotion of the Healthy Eyes Healthy People (HEHP) Initiative to promote quality eye and vision care as an integral part of the overall health care of the public; and

WHEREAS, as a part of the HEHP Initiative, the American Optometric Association has encouraged its committees and affiliate organizations to join with other health care groups to promote, develop, and implement programs and special initiatives to ensure that all Americans, including the underserved and uninsured rural populations, have access to quality health care that includes comprehensive vision and eye care; and

WHEREAS, the National Rural Health Association and the American Optometric Association and their respective state affiliate organizations have common goals of promoting quality overall health and vision care for the many Americans in underserved and rural America; now therefore be it

RESOLVED, that the American Optometric Association encourage its members and affiliate organizations to join with the National Rural Health Association and its state and affiliate organizations to build coalitions in order to increase the level of awareness, understanding, and appreciation of the importance of eye and vision health as an integral part of the physical, mental, social, and economic well-being of America's rural populations.

1959  
(6 of 2004)

#### REIMBURSEMENT EQUITY

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WHEREAS, third party payers may deny reimbursement to optometrists for services within the optometric scope of practice as defined by state law; and

WHEREAS, inconsistencies exist among third party payers where optometrists and physicians may be reimbursed in a discriminatory manner for identical services; now therefore be it

RESOLVED, that the American Optometric Association take any and all measures consistent with Federal and state law required to assure nondiscriminatory reimbursement of vision and eye care services whether provided by optometrists or physicians; and be it further

RESOLVED, that the American Optometric Association advocate proactively on behalf of optometry and that such advocacy may include but is not limited to legislation, litigation and the regulatory process at both the Federal and state levels of government.

1960  
(7 of 2004)

#### PATIENTS BENEFIT FROM OPTOMETRIC PROFESSIONALISM

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WHEREAS, the American Academy of Ophthalmology has adopted a policy excluding optometrists from all educational courses offered at American Academy of Ophthalmology meetings; and

WHEREAS, the new exclusionary policy of the American Academy of Ophthalmology is offensive to the principles of scientific professionalism, the free exchange of medical knowledge for the benefit of the public, and the ethics of collegiality among all health care professionals that helps to ensure the best care for patients; now therefore be it

RESOLVED, that the American Optometric Association shall continue unchanged its long-standing policy of opening all educational courses offered at American Optometric Association meetings to ophthalmologists to attend; and be it further

RESOLVED, that, in all educational relationships with ophthalmologists, the American Optometric Association shall, for the benefit of patients, adhere to the principles of scientific professionalism, the free exchange of medical knowledge, and the ethics of collegiality among health care professionals.

1962  
(1 of 2005)  
(Mod. 2010)

#### SUPPORT OF *OPTOMETRY GIVING SIGHT*

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WHEREAS, blindness and impaired vision due to refractive error and permanent low vision are substantial public health problems around the world and have profound human and socioeconomic impacts in all communities; and

WHEREAS, these public health problems can be addressed through sustainable programs and project funding; and

WHEREAS, the American Optometric Association, as a member of the World Council of Optometry, adopted a resolution in June 2001 to support the World Health Organization's *VISION 2020: The Right to Sight* global initiative for the elimination of avoidable blindness; and

WHEREAS, the American Optometric Association was a signatory of the Declaration to Eradicate Preventable Vision Loss by the year 2020 in June 2001 in Philadelphia; and

WHEREAS, the International Agency for the Prevention of Blindness, the World Optometry Foundation, the World Council of Optometry, and the International Centre for Eyecare Education have joined together to form *Optometry Giving Sight*, a global, charitable campaign in support of the goals of *VISION 2020: The Right to Sight* through mobilization of funds directed towards the elimination of uncorrected refractive error and helping those with permanent low vision; and

WHEREAS, *Optometry Giving Sight* offers the optometric profession an opportunity to make a major coordinated impact on visual impairment on a global scale; now therefore be it

RESOLVED, that *Optometry Giving Sight* is endorsed by the American Optometric Association as a worthy international charity whose goals are supported by the American Optometric Association; and be it further

RESOLVED, that all American Optometric Association members and affiliates, who wish to support an international eye care charity, are urged to contribute to *Optometry Giving Sight* efforts through monetary donations, volunteerism and overall support.

1966  
(1 of 2007)

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#### COMMISSION ON PARAOPTOMETRIC CERTIFICATION

WHEREAS, the Commission on Paraoptometric Certification has achieved recognition from the National Commission for Certifying Agencies as an accredited credentialing body; now therefore be it

RESOLVED, that the American Optometric Association congratulates the Commission on this achievement; and be it further

1967  
(2 of 2007)  
(Mod. 2010)

RESOLVED, that the American Optometric Association recognizes that the Commission on Paraoptometric Certification is the sole autonomous agency which will set standards for evaluation and certification of paraoptometric personnel.

SUPPORT FOR THE RECOGNITION AND REGULATION OF  
THE PROFESSION OF OPTOMETRY BY ALL SOVEREIGN  
NATIONS

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WHEREAS, the American Optometric Association represents the profession of optometry in the United States; and

WHEREAS, optometry was legally recognized as a profession in the United States in 1901 when the first licensure law was enacted; and

WHEREAS, optometrists are trained and educated to provide safe and effective eye and vision care; and

WHEREAS, eye and vision problems are substantial public health problems which have profound global human and socioeconomic impact; and

WHEREAS, the American Optometric Association strives to ensure that public policy related to eye and vision care will uniformly recognize optometrists as primary health care providers; and

WHEREAS, there is a demonstrable public health benefit when all people have access to comprehensive optometric care; now therefore be it

RESOLVED, that the American Optometric Association strongly encourages the government of every Sovereign Nation where optometry is not recognized as a profession to enact laws establishing the licensure and regulation of optometrists; and be it further

RESOLVED, that the American Optometric Association strongly encourages the government of every Sovereign Nation to recognize the authority of optometrists to practice in their jurisdiction at the highest level of their education and training.

1968  
(3 of 2007)

PREVENTING SPORTS-RELATED EYE INJURIES AND  
MANDATING THE USE OF PROTECTIVE EYEWEAR FOR  
CHILDREN

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WHEREAS, the American Optometric Association adopted resolution #1928, “Preventing Sports-Related Eye Injuries”, and

WHEREAS, eye injuries are a leading cause of vision loss; and

WHEREAS, the American Public Health Association “strongly recommends that all participants in defined moderate- to high-risk sports utilize protective eyewear appropriately certified for the specific sport”; and

WHEREAS, The American Public Health Association has passed a policy that, “urges state legislatures to mandate that all children wear sports protective eyewear that meets the lens and frame standards of ASTM F80318 and other ASTM standards relating to eye protection in sports [e.g., F513 (hockey), F659 (skiing), F910 (baseball), F1587 (hockey goaltenders), F1776 (paintball)]”; and

WHEREAS, the New Jersey Society of Optometric Physicians supported the passage of a bill which mandates the use of protective eyewear for children who participate in certain sports; now therefore be it

RESOLVED, that the American Optometric Association encourages the affiliated associations to seek the enactment of legislation requiring children to wear sports protective eyewear during those activities where there is a risk for eye injury.

1969  
(4 of 2007)

CODE OF ETHICS

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RESOLVED, that the Code of Ethics adopted as Substantive Motion 1 in 1944 and modified in 2005 be repealed and the following be adopted.

**CODE OF ETHICS**

It shall be the ideal, resolve, and duty of all optometrists:

TO KEEP their patients’ eye, vision, and general health paramount at all times;

TO RESPECT the rights and dignity of patients regarding their health care decisions;

TO ADVISE their patients whenever consultation with, or referral to another optometrist or other health professional is appropriate;

TO ENSURE confidentiality and privacy of patients' protected health and other personal information;

TO STRIVE to ensure that all persons have access to eye, vision, and general health care;

TO ADVANCE their professional knowledge and proficiency to maintain and expand competence to benefit their patients;

TO MAINTAIN their practices in accordance with professional health care standards;

TO PROMOTE ethical and cordial relationships with all members of the health care community;

TO RECOGNIZE their obligation to protect the health and welfare of society; and

TO CONDUCT themselves as exemplary citizens and professionals with honesty, integrity, fairness, kindness and compassion.

1971  
(1 of 2008)  
(Mod. 2010)

#### RECOGNITION AND SUPPORT OF SCHOOL NURSES

WHEREAS, optimal eye health and vision are essential requirements for children to reach their full potential in the classroom; and

WHEREAS, America's school nurses are licensed health care professionals who safeguard the health and well-being of our nation's schoolchildren; and

WHEREAS, school nurses frequently encounter clinically significant ocular health and vision conditions in the school-age population; and

WHEREAS, school nurses provide triage and referral of many primary eye and vision care conditions which, left undetected or untreated, would negatively impact children's learning and academic achievement; and

WHEREAS, the American Optometric Association and the National Association of School Nurses have signed a Memorandum of

Understanding committing to working together; now therefore be it

RESOLVED, that the American Optometric Association commends America's school nurses for their unique role in the health care of our nation's students; and be it further

RESOLVED, that the American Optometric Association encourages all optometrists to communicate appropriately, and in a manner that comports with federal, state, and local requirements, with school nurses regarding their referrals; and be it further

RESOLVED, that the American Optometric Association pledges its support to our nation's school nurses as they carry out their important mission of coordinating and monitoring the health and well-being of our nation's school-aged children.

1973  
(1 of 2009)

**THE CHILD PROJECT™ AND SENIOR SAFETY NET™  
IDENTIFICATION SYSTEM**

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WHEREAS, Doctors of Optometry are trusted eye health care professionals who contribute many hours of voluntary service and civic involvement to the communities in which they live; and

WHEREAS, according to the National Center for Missing & Exploited Children an estimated 2,000 children are reported missing in the United States every day; and

WHEREAS, older Americans with conditions such as Alzheimer's disease are at risk of wandering away from home and may do so repeatedly; and

WHEREAS, iris recognition biometric technology is a safe, accurate, and non-invasive method for identifying individuals throughout life because the iris is generally stable as one grows physically or ages; and

WHEREAS, Doctors of Optometry can partner with community agencies and Sheriff's offices to bring iris recognition biometric technology to all 50 states and each county within the states with the goal of maximizing the number of persons entered into appropriate national secure databases to ensure that missing children and adults are easily and quickly identified; and

WHEREAS, the Optometric Physicians of Oklahoma have been successful in promoting and expanding iris recognition biometric technology in their state; now therefore be it

1974  
(2 of 2009)

RESOLVED, that the American Optometric Association and its members support and encourage participation through collaboration with law enforcement and community organizations in iris recognition biometric technology as a means of positively impacting the safety of children and senior adults across America.

#### OBESITY IN CHILDREN AND ADOLESCENTS

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WHEREAS, obesity is emerging as an epidemic affecting children and adolescents in the United States; and

WHEREAS, there is evidence that childhood obesity has a significant impact on the health of our youth, their quality of life, as well as their future health; and

WHEREAS, according to the U.S. Surgeon General, overweight adolescents have a 70% chance of becoming obese adults; and

WHEREAS, obese adults are at a higher risk for a number of health problems including heart disease, diabetes, hypertension, respiratory problems, some forms of cancer, and reduced life expectancy; and

WHEREAS, optometrists as primary health care providers monitor their patients for certain risk factors associated with obesity; and

WHEREAS, obesity can be prevented through the combined efforts of the entire health care community; now therefore be it

RESOLVED, that the American Optometric Association recognize obesity as a major public health problem that poses a serious threat to the health and well-being of children and adolescents, and be it further

RESOLVED, that the American Optometric Association and its affiliates, through publications and collaborative efforts with other organizations and agencies, promote knowledge and understanding by educators, parents, and policymakers regarding the health, social, psychological, and economic effects of childhood obesity; and be it further

RESOLVED, that the members of the American Optometric Association are encouraged to educate children and their parents about the importance of healthy lifestyles and the potential impact on vision and eye health.

1975  
(1 of 2010)

## DRUG EVALUATION AND CLASSIFICATION PROGRAM

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WHEREAS, drivers under the influence of drugs and alcohol pose a significant threat to public health, safety and welfare; and

WHEREAS, the Drug Evaluation and Classification Program provides law enforcement officers with specialized training to evaluate and determine whether or not someone is under the influence of drugs; and

WHEREAS, the International Association of Chiefs of Police administers the program and certifies only those officers who pass a written aptitude test and demonstrate proficiency in the field as Drug Recognition Experts; and

WHEREAS, the American Optometric Association recognizes the Drug Evaluation and Classification Program protocols are based upon valid and reliable theories and procedures accepted by the healthcare community; and

WHEREAS, the Drug Evaluation and Classification Program has been shown to improve public health and safety by helping to enable law enforcement officers to determine if someone is under the influence of alcohol or drugs; now therefore be it

RESOLVED, that the House of Delegates of the American Optometric Association supports the Drug Evaluation and Classification Program and encourages Doctors of Optometry to familiarize themselves with the Drug Evaluation and Classification Program.

1976  
(2 of 2010)

## SUPPORT OF OPTOMETRY CARES

---

WHEREAS, the American Optometric Association has established Optometry Cares as a national charitable foundation dedicated to expanding eye health and vision care access for everyone in the United States; and

WHEREAS, InfantSEE®, VISION USA, Optometry's Fund for Disaster Relief, and other programs of Optometry Cares provide services to the public and the profession in the United States; and

WHEREAS, members of the American Optometric Association donate their services and contribute support to these programs; and

WHEREAS, financial support and voluntary participation from AOA members, the ophthalmic industry and others are necessary for the continuation and expansion of these programs; now therefore be it

RESOLVED, that the House of Delegates of the American Optometric Association officially designates Optometry Cares as the American Optometric Association's domestic charity of choice and encourages all optometrists and the ophthalmic industry to support Optometry Cares with their individual generous financial contributions and volunteer participation, as well as to recommend that their patients and friends also support the charitable activities of Optometry Cares.

1977  
(1 of 2011)

#### APHA MEMBERSHIP

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WHEREAS, the American Optometric Association (AOA) seeks to improve the quality and availability of eye and vision care; and

WHEREAS, the American Public Health Association (APHA) is an association of individuals and organizations that works to improve the public's health, advocates the conditions for a healthy global society, emphasizes prevention and enhances the ability of members to promote and protect environmental and community health; and

WHEREAS, the mission of the APHA is to "*Improve the health of the public and achieve equity in health status;*" and

WHEREAS, for the first time in its history the President-Elect of the APHA is an optometrist, Dr. Melvin Shipp, Dean of The Ohio State University College of Optometry; and

WHEREAS, the current AOA officers and trustees are members of the APHA; now therefore be it

RESOLVED, that the American Optometric Association encourages the affiliated state associations, their leadership and members to join the APHA and state public health associations.

1978  
(2 of 2011)

#### HEALTHY PEOPLE 2020

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WHEREAS, the American Optometric Association (AOA) has supported the public health goals set forth in the US Department of Health and Human Service's *Healthy People* program, which seek to improve the quality of our Nation's health by establishing a framework for public health prevention priorities and actions; and

WHEREAS, the AOA's cooperative efforts have successfully resulted in inclusion of vision and eye health objectives in the nation's public health agenda with a designated chapter in the public health document, *Healthy People 2020*; and

WHEREAS, the AOA and multiple vision, health, and educational organizations signed the Joint Statement of the 2011 School Readiness Summit: Focus on Vision to "*support comprehensive eye exams for school-aged children as a foundation for a coordinated and improved approach to addressing children's vision and eye health issues and as a key element of ensuring school readiness in American children;*" and

WHEREAS, the first vision objective included in Healthy People 2020 ("*increase the proportion of preschool children aged 5 years and under who receive vision screening*") is not in alignment with the Joint Statement of the 2011 School Readiness Summit: Focus on Vision; now therefore be it

RESOLVED, that with the exception of the first vision objective, the AOA will promote vision and eye health for all Americans through continued support of the objectives as set forth in *Healthy People 2020*.

1979  
(3 of 2011)

DISSOLUTION OF AFFILIATE LEGAL AND LEGISLATIVE  
DEFENSE FUND

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WHEREAS, the American Optometric Association's (AOA) Multistate Antitrust Lawsuit legal fund was originally collected from its members as a special assessment approved by the House of Delegates; and

WHEREAS, the Affiliate Legal and Legislative Defense Fund interest-free loan program was adopted by the House of Delegates as resolution #1963 in June 2005 using all monies remaining in that special assessment fund as of February 28, 2006; and

WHEREAS, no funds have been expended from this interest free loan program for any purpose since its inception; now therefore be it

RESOLVED, that the Affiliate Legal and Legislative Defense Fund interest-free loan program be repealed June 17, 2011; and be it further

RESOLVED, that one-third of the account value as of May 31, 2011 be used by the AOA to develop and purchase an association management system; and be it further

RESOLVED, that two-thirds of the account value as of May 31, 2011 be disbursed to the affiliated associations no later than December 31, 2011 based on a prorated percentage using the number of each affiliate's votes as certified by the 2011 House of Delegates.

1980  
(4 of 2011)

#### REQUIREMENTS FOR LICENSE RENEWAL

WHEREAS, the American Optometric Association (AOA) recognizes the important duty and role of the state boards of optometry to protect the public by enforcing the practice Acts as adopted by the state legislatures which includes ensuring that candidates for license and license renewal meet statutorily defined requirements; and

WHEREAS, continuing education is a requirement for license renewal in every U.S. jurisdiction; and

WHEREAS, continuing education for license renewal has long been recognized as a verifiable and nationally accepted means for state licensing boards to assure the public that licensees meet their statutory requirements; and

WHEREAS, re-licensure examinations or measures other than continuing education contemplated by state boards for the purposes of documenting continued competence of its licensees for license renewal would likely result in myriad requirements, creating an unnecessary burden for licensees and erecting another barrier to license mobility; now therefore be it

RESOLVED, that the affiliated associations and the state boards of optometry are strongly encouraged to oppose any action which would require examination for license renewal beyond completion of state mandated continuing education.

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#### COMPREHENSIVE VISION CARE SERVICES FOR CHILDREN

WHEREAS, undetected and untreated eye disorders, such as amblyopia and strabismus, can result in delayed reading and poorer outcomes in school; and

WHEREAS, studies show that while prevalence rates vary between demographic groups, there is an increasing need for eye care among children, indicating that 25% of children aged 5-17 have a vision problem<sup>1</sup>, 79% have not visited an eye care provider in the past year<sup>2</sup>, 35% have never seen an eye care professional<sup>3</sup>; and

WHEREAS, the National Eye Institute's VIP study of preschool children acknowledges a comprehensive examination performed by an eye doctor is the "standard;" and

WHEREAS, the 2011 School Readiness Summit: Focus on Vision issued a joint statement by multiple organizations recommending the following: "*We support comprehensive eye exams for school-aged children as a foundation for a coordinated and improved approach to addressing children's vision and eye health issues and as a key element of ensuring school readiness in American children* <sup>4</sup>;" now therefore be it

RESOLVED, that the American Optometric Association supports a comprehensive vision and eye health examination as the foundation for eye care services; and be it further

RESOLVED, that the American Optometric Association recommends that all children have a comprehensive vision and eye health examination between six months and twelve months of age, at 3 years of age, before entry into formal school, and as recommended thereafter by the eye doctor.

1. Kleinstein, RN et al. Refractive error and ethnicity in children. Arch Ophthalmol 2003; 121:1141-1147.
2. Centers for Disease Control and Prevention. Visual impairment and use of eye-care services and protective eyewear among children – United States, 2002. MMWR 2005; 54:425-429.
3. The Vision Care Institute. Americans' Attitudes and Perceptions about Vision Care. Conducted by Harris Interactive on behalf of The Vision Care Institute™ of Johnson & Johnson Vision Care, Inc., 2006.
4. Joint Statement of the 2011 School Readiness Summit: Focus on Vision

## **TEXT OF EXTANT SUBSTANTIVE MOTIONS**

M-2009-2

### **BOARD CERTIFICATION**

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Motion: That the American Optometric Association House of Delegates endorses the concept of general Board Certification and Maintenance of Certification for Optometry and authorizes the AOA to participate in the development, formation, implementation and governance of the American Board of Optometry (ABO) and that the American Optometric Association House of Delegates recommends that the American Board of Optometry (ABO) adopt the following founding principles and develop a process for Board Certification and Maintenance of Certification based predominantly on the draft model proposal below:

#### Founding Principles:

1. The certificate conferred by the American Board of Optometry may be used for credentialing purposes only. Certification does not confer legal qualification, privilege, or license to practice optometry. The ABO will not in any way interfere with nor limit the professional activities of any duly licensed optometrist who is not certified by the ABO.
2. The ABO will create multiple pathways to achieve board certification.
3. The ABO will oversee a process for general board certification of optometry and will not interfere with other established optometric sub-specialty certifications such as Fellowship in the College of Optometrists in Vision Development, Fellowship in the Neuro-Optometric Rehabilitation Association, and Diplomate programs of the American Academy of Optometry.
4. The composition of the ABO should reflect that board certification and maintenance of certification for optometry has been established by the profession as a means of demonstrating ongoing clinical competence independent of established licensing and regulatory boards.
5. The AOA reserves the right to withdraw its endorsement and support of the ABO at any time.

#### ***DRAFT MODEL***

#### ***American Board of Optometry (ABO) Governance***

The new board will be called the American Board of Optometry. It will be an independent not-for-profit corporation with seven members, consisting of one (1) Public Member and representatives nominated by the following organizations:

- American Academy of Optometry (1)
- American Optometric Association (2)
- American Optometric Student Association (1, an OD licensed <5 years)

Association of Regulatory Boards of Optometry (1)  
Association of Schools and Colleges of Optometry (1)  
Each member of the board will serve a maximum of two 3-year terms with a staggered initial appointment. Organizations will submit a slate of three nominees per position for selection of replacement board members.

***DRAFT MODEL***  
***American Board of Optometry (ABO)***  
***Initial Board Certification Process***

**STEP ONE: Initial Application to the American Board of Optometry.**

**A Candidate for Board Certification must submit the Eligibility Application, Application Fee, and evidence of the following Initial Qualifying Requirements:**

- Graduate of School or College of Optometry accredited by the Accreditation Council on Optometric Education (ACOE).
- Possession of an active license to practice therapeutic optometry in a State, District of Columbia, U.S. Commonwealth or Territory.
- Clearance of Search of National Practitioner Data Bank (NPDB) & Healthcare Integrity and Protection Data Bank (HIPDB)  
*[Note: Closed cases and infractions that have been reported to the NPDB and/or HIPDB that do not prevent an optometrist from holding an unrestricted license should not be an impediment to Board Certification.]*
- Statement of adherence to American Board of Optometry Code of Ethics

Upon confirmation of the requirements, the American Board of Optometry will confer that the candidate is ***Board Eligible/Active Candidate*** for a period of one year. Candidates may renew their **Board Eligible/Active Candidate Status** for up to three years total by submitting of proof of completion of **50 points** progress toward completion of Post-Graduate Educational Requirements by the end of each year of board eligibility.

**STEP TWO: Application for the Board Certification Examination**

**A Board Eligible Optometrist must submit the Certification Application and evidence of the completion *within the previous three years* of the following Licensure and Educational Requirements:**

- Three years active licensure (\*See Exceptions)
- 150 Points of Post Graduate Educational Requirements

**Post Graduate Educational Requirements:**

A minimum of 150 points after initial licensure establishes

eligibility for the examination. These must be attained within the three years immediately prior to the examination and can be attained by the following experiences. Note that these categories have minimum or maximum points permitted.

**1. Residency**

Certificate of Completion of an ACOE-accredited optometry residency is worth 150 points toward the requirement if within three years of completion of the residency, or 100 points if between 3-10 years of completion of the residency. \*In addition, the three-year active licensure general requirement is waived. *[Note: For those who apply within a three-year window from the date on which the American Board of Optometry accepts applications, an ACOE-accredited Residency will count 150 points regardless of when completed.]*

**2. Fellowship in the American Academy of Optometry**

Certificate of Fellowship (Clinical) in the American Academy of Optometry (AAO) is worth 50 points toward the requirement if within 10 years of completion of Fellowship. \*In addition, the three-year active licensure general requirement is reduced to 1 year. *[Note: For those who apply within a three-year window from the date on which the American Board of Optometry accepts applications, a Fellowship in the American Academy of Optometry (Clinical) will count 50 points regardless of when completed.]*

**3. Experience in Practice**

For those who apply within a three-year window from the date on which the American Board of Optometry accepts applications, a maximum of 150 Experience in Practice Points will be accrued equal to 5 points per year of active licensure.

**4. Fellowship in the College of Optometrists in Vision**

**Development.** *For those who apply within a three-year window from the date on which the American Board of Optometry accepts applications, a Fellowship in the College of Optometrists in Vision Development will be worth 50 points toward initial board certification in optometry.*

**OTHER:**

**Category I Education:** *A Minimum of 50% of Points must be Category I.*

A. Continuing Education conferences, meetings or workshops carrying ABO-authorized credit (such as State, District of Columbia, U.S. Commonwealth or Territory board approved or COPE-approved credit.) *[Note: Continuing Education with Examination, CEE, is acceptable but not required, and will be credited with 2 points per hour of education.]*

**Category II Education:** *A Maximum of 50% of Points can be Category II. A maximum of 20% of the total points can be from any lettered sub-category.*

A. Educational activities (such as papers and poster presentations, scientific sessions and grand rounds) provided by schools and colleges of optometry accredited by the Accreditation Council on Optometric Education (ACOE), and medical schools approved by the Liaison Committee on Medical Education (LCME).

B. Distance learning courses, both interactive and non-interactive, with examinations that qualify for ABO-authorized credit (such as State, District of Columbia, U.S. Commonwealth or Territory board approved or COPE-approved credit.) upon completion. (Examples include electronic media, audio/video tapes, and journals.)

C. Educational or scientific portions of hospital meetings, local optometric or medical society meetings, or grand rounds not approved by COPE or the state board.

D. Other ABO-authorized performance in practice activities (other than SAMs or PPMs) such as web-based quality improvement modules, record review, peer evaluation, documented point of care learning, etc.

E. An educational program of a university or college having a defined curriculum, designated faculty, and accreditation from a recognized institutional accrediting organization or an agency recognized by the U.S. Department of Education, that is designed to enhance a participant's instructional, research, administrative, or clinical knowledge and skills necessary for the participant to succeed as an educator, administrator, or practitioner in optometry.

F. Scholarly Activities

- Members of teams who develop assessment tools, including Self-Assessment Module (SAM) and Performance In Practice Modules (PPM) knowledge development for Initial and Maintenance of Certification for Optometrists, item developers for the National Board of Examiners in Optometry (NBEO), members of graduate thesis committees or AAO oral examination committees.
- Teaching healthcare students or healthcare professionals.
- Review of manuscripts for publication in a peer-reviewed optometry, medical or scientific journal.
- Publication of a clinical, review or research article in a peer reviewed optometry, medical or scientific journal.

**Category III Education (FOR MAINTENANCE OF CERTIFICATION ONLY, not initial board certification)**

A. Completion of Self-Assessment Modules (SAMs) and Performance In Practice Modules (PPMs) designed to enhance knowledge and skills significant to the practice of optometry.

*NOTE: All points are subject to final approval of the American Board of Optometry.*

**STEP THREE: Completion of the Board Certification Examination**

**A Board Eligible/Active Candidate Optometrist should pass the Examination within 12 months of submitting the Application for the Board Certification Examination.**

**Board Certification Examination**

The Examination is an Enhanced Patient Assessment and Management-like (PAM-like) examination(s) with areas of emphasis

- Possible Examination Topics:
  - Refractive Status / Sensory Processes / Oculomotor Processes:
    - Ametropia
    - Ophthalmic optics
    - Contact lenses
    - Low vision
    - Binocular Vision / Perceptual anomalies
  - Disease / Trauma:
    - Lids / lashes / lacrimal system / ocular adnexa / orbit
    - Conjunctiva / cornea / refractive surgery
    - Lens / cataract / IOL / pre- and post-operative care
    - Episclera / sclera / uvea
    - Vitreous / retina
    - Optic nerve / neuro-ophthalmic pathways
    - Glaucoma
    - Emergencies
    - Systemic health
- The candidates will choose three of the bulleted topics to weight their examination toward their areas of interest.

**Upon successful completion of the Board Certification Examination, the American Board of Optometry will confer *Board Certified* status to the optometrist for a period of 10 years.**

***DRAFT MODEL***  
***American Board of Optometry (ABO)***  
***Maintenance of Certification Process***

Maintenance of Certification (MOC) in Optometry is a four step process:

1. Professional Standing
  - Current, valid, therapeutic license
2. Lifelong Learning and Self-Assessment
  - Education (e.g., CE) and self-assessment (e.g., SAMs)
3. Practice Performance Assessment
  - Demonstrate ability to assess the quality of care provided compared to peers and national benchmarks and apply best evidence or consensus recommendations to improve care using follow-up assessments (e.g., PPMs)
4. Cognitive Expertise (PAM-like examination)
  - Demonstrate through examination the fundamental practice-related and practice environment-related knowledge to provide quality of care

MOC introduces to optometry two new concepts that are used for MOC programs in medicine, Self-Assessment Modules and Performance in Practice Modules.

1. Self-Assessment Modules (SAMs)
  - a. Provide in-depth assessment of current knowledge in specific content areas
  - b. Consist of 2 parts:
    - i. A 60 item knowledge assessment, with direct links to supporting references and critiques, and
    - ii. A clinical simulation that focuses on patient management
  - c. Completed over the Internet, usually in 1-4 hours
2. Performance In Practice Modules (PPMs)
  - a. Comprised of a quality improvement activity which takes place over a 3- to 6-month period
  - b. Incorporates a practice assessment questionnaire related to a specific diagnostic code or set of codes selected by the optometrist
  - c. Practice pattern is evaluated:
    - i. Select patient records based on specific diagnostic codes
    - ii. Enter data on various clinical measures
    - iii. Receive immediate feedback on how responses compare with peers
    - iv. The program will suggest interventions to affect clinical outcomes

The Ten-Year MOC process is divided into three 3-year stages and a recertification examination year. In each of Stages I, II and III, Board Certified Optometrists must complete 150 total points within

the three years, including 2 SAMs (worth 15 points each) and 1 PPM (worth 50 points) and 70 total points over the three years from other educational activities, at least 50% from Category I Education. All Stage III requirements must be completed to be eligible for the re-certification examination. The Board Certified Optometrist may apply for recertification examination in either the 9<sup>th</sup> or 10<sup>th</sup> year of the certification cycle.

M-2011-2

## STANDARDS OF PROFESSIONAL CONDUCT

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### **Background:**

The profession of optometry is privileged to serve the eye care needs of the public and is entrusted by society to do so in a professional and ethical manner. The placement of the patient's interests above self-interest is referred to as fiduciary duty and is the primary ethical responsibility of all health care professionals. Specifically, optometrists have the duty to look after the best interests of their patients with regard to the patient's eye, vision and general health. Additionally, the ethical optometrist strives to protect and enhance the health and welfare of the public in general.

The American Optometric Association (AOA) has adopted a Code of Ethics and Standards of Professional Conduct to guide optometrists in their professional and ethical duties. These documents are supplemented by The Optometric Oath, and certain AOA House of Delegates' resolutions and Board of Trustees' policy statements. The content of these ethical documents and pronouncements is the result of a continually evolving relationship between the profession of optometry and the society it serves. While the Code of Ethics of the American Optometric Association sets forth the basic tenets of ethical behavior for optometrists, the Standards of Professional Conduct is a more evolving document that amplifies the Code of Ethics and describes appropriate ethical and professional behaviors in greater detail. It is the intent of the American Optometric Association that the Code of Ethics and the Standards of Professional Conduct be written expressions of and a continuing commitment to professional and ethical behavior for all optometrists.

Discussions of biomedical ethics traditionally identify four categories or fundamental principles of ethical behavior: patient autonomy, non-maleficence, beneficence, and justice. These principles provide the underlying support for specific ethical behaviors within the health care professions. Each of the topic areas within the AOA Standards of Professional Conduct is arranged under one of these principles. While each topic area can be identified and justified under several if not all of the principles, they are arranged here under what could be considered the most compelling principle for each. A fifth category, Non-patient

Professional Relationships, is added to complete the content of the AOA Standards of Professional Conduct. It should be noted that these ethical documents and pronouncements are expressions of many but not all of the ethical ideals of the profession and are not necessarily expressions of legal obligations.

Ethics and the law are two different entities, although many times these may overlap. The law sets minimum standards for societal behavior that all persons must comply with. Ethics generally sets higher than minimum standards for behavior that people should strive for as the ideal.

### **Standards of Professional Conduct:**

#### **A – Patient Autonomy (“self-determination”)**

*The optometrist has the duty to involve the patient in care and treatment decisions in a meaningful way, with due consideration of the patient’s needs, desires, abilities and understanding, while safeguarding the patient’s privacy.*

1. **Patient Participation:** Optometrists have a duty to respect the right of their patients to be active participants in decisions affecting their health care. This duty should be reinforced and supported through patient education and effective communication.
2. **Confidentiality:** Optometrists and their staff should hold in confidence all protected health and other personal information. This is an essential element of the doctor-patient relationship that is necessary to build and maintain trust. The optometrist may reveal protected health and other personal information only with the written consent of the patient as defined under the Health Insurance Portability and Accountability Act (HIPAA). However, exceptions to confidentiality do exist that are ethically justified. These exceptions occur either when it is necessary to protect the welfare of the patient or others when faced with a significant threat, or when the release of information is required by law. It should be noted that an ethical imperative of an optometrist to release information to protect the welfare of the patient or others without the patient’s consent may have legal considerations.
3. **Truthfulness:** Telling the truth is a necessary component of a trusting optometrist-patient relationship. From an ethical standpoint, there are two levels of truthfulness, veracity and candor. Simply put, veracity is “telling the truth” and candor is “telling the whole truth.” Optometrists should always practice veracity and strive to tell the truth. While candor is usually required from an ethical standpoint, exceptions are only justifiable out of kindness to the patient or to protect the overall best interests of the patient. Since breaching candor would be a violation of the basic principle of patient autonomy, it should only be considered after careful reflection and weighing the alternatives.

4. **Informed Consent:** Optometrists have a duty to inform patients or their legal guardian about the patient's health care and health care options. The process of informed consent requires the optometrist to make a reasonable determination of the patient's ability to reason and make informed decisions free of external coercion. Additionally, optometrists should explain to the patient or their legal guardian the patient's health care status, what appropriate procedures are available, and the risks and benefits of each procedure. Finally, optometrists should make the effort to ensure that the patient or guardian has a reasonable understanding of the information presented.
5. **Patient Records:** The optometrist is responsible for maintaining appropriate and accurate records on every patient encounter. Upon written request and in accordance with applicable federal and state laws, patients or their legal guardian have a right to obtain or have sent copies or summaries of their medical records.

**B – Non-maleficence (“do no harm”)**

*The optometrist has the duty to avoid acts of omission or commission that would harm the patient.*

1. **Standards of Care:** Optometrists should strive to provide care that is consistent with established clinical practice guidelines such as those adopted by the American Optometric Association that are based on the latest scientific knowledge and procedures and utilize the opinions of authoritative experts and is in accordance with existing laws.
2. **Professional Competence:** Optometrists have an obligation to strive to stay current with the prevailing scope of practice and standards of care to benefit their patients. Additionally, optometrists should employ only those clinical procedures and treatment regimens for which they are educated and competent to perform.
3. **Delegation of Services:** Optometrists may delegate services to office staff as permitted by law. For any services performed on patients by office staff, the optometrist should ensure that they are adequately trained and/or certified. The staff member's level of training or designation (technician, assistant, etc.) should be communicated to the patient receiving care. One example of this communication would be a name tag identifying the individual's designation.
4. **Conflict of Interest:** The care of a patient should never be influenced by the self-interests of the provider. Optometrists should avoid and/or remove themselves from any situation that presents the potential for a conflict of interest where the optometrist's self-interests are in conflict with the best interests of the patient. Disclosure of all existing or potential conflicts of interest is the responsibility of the optometrist and should be appropriately communicated to the patient.
5. **Referral:** An optometrist should refer a patient whenever the optometrist believes this may benefit the patient. The provider

and/or facility to which the patient is referred should be based primarily on what is in the best interest of the patient. When a patient is referred to another health care provider, the referring optometrist should remain involved in co-managing the patient's overall care. An optometrist should not offer or accept payment of any kind, in any form, from any source, for referring a patient. Payment between health providers, or from a health service industry, solely for the referral of a patient, is considered fee splitting and is unethical.

6. **Relationships with Patients:** Optometrists should avoid intimate relationships with patients as such relationships could compromise professional judgment or exploit the confidence and trust placed in the optometrist by the patient. If such a relationship does inadvertently develop, the professional care of this patient should be transferred to another optometrist.
7. **Impaired Optometrist:** Optometrists who are impaired because of the use of controlled substances, alcohol, or other chemical agents should remove themselves from patient care activity. In an effort to protect patients and encourage help for impaired providers, optometrists should assist impaired colleagues in seeking professional help and/or identify impaired colleagues to appropriate state agencies or licensing boards. Optometrists who have physical or cognitive limitations should not provide professional care if the condition limits their ability to provide the highest level of care to their patients.

### **C. - Beneficence (“do good”)**

*The optometrist has the duty to proactively serve the needs of the patient and the public at large regarding eye, vision and general health.*

1. **Character:** Optometrists should conduct themselves with good character in all of their actions to build trust and respect with patients, the public, and colleagues. Good character includes but is not limited to honesty, integrity, fairness, kindness, and compassion.
2. **Respect for the Law:** Optometrists should comply with all applicable state and federal laws and should remove themselves from any situation which prevents them from fulfilling their legal and professional responsibilities. It should also be noted that ethical duties may sometimes exceed legal obligations.
3. **Protected Populations:** Optometrists have the responsibility to identify signs of abuse and neglect in children, dependent adults and elders and to report suspected cases to the appropriate agencies, consistent with state law.
4. **Public Health:** Optometrists have an ethical obligation primarily to their patients but also to society in general. As primary health care providers, optometrists should participate actively in professional organizations and other efforts that enhance the eye, vision, and general health of their patients and the public. Optometrists should also strive to ensure that all persons have access to eye, vision, and general health care.

- 5. Clinical Research and Trials:** It is the ethical responsibility of an optometrist to maintain integrity and independent judgment in all research endeavors to advance the best interests of patients, the public welfare, and the profession. Optometrists who conduct research should adhere to accepted scientific conduct guidelines and respect all ethical tenets that protect patients' rights. When collaborating with industry, optometrists should encourage and support the timely and accurate publication of all scientifically relevant findings. Optometrists who present scientific information should fully disclose any financial and/or other relationship that exists with a company when its product or services are discussed in the presentation.

#### **D – Justice (“fairness”)**

*The optometrist has the duty to treat patients, colleagues, and society fairly and without prejudice.*

- 1. Patient Selection:** Optometrists, in serving the public, may exercise reasonable discretion in selecting patients for their practices. However, services should not be denied on the basis of discrimination or to patients presenting with emergent conditions.
- 2. Patient Abandonment:** Once the optometrist has undertaken a course of treatment, the optometrist should not discontinue treatment without giving the patient adequate notice and the opportunity to obtain the services of another eye care provider. Optometrists are responsible for ensuring appropriate follow-up care when not available to render such care.
- 3. Advertising:** Advertising by optometrists should be truthful and in accordance with prevailing federal and state laws and regulations. Optometrists who advertise should identify their professional degree and/or their profession in all forms of advertising and should never mislead the public regarding their expertise or competency. Optometrists should not hold themselves as having superior knowledge or credentials other than their earned degrees, certifications or license types.
- 4. Economic Interests:** Fees for optometric services should be reasonable and accurately reflect the care delivered to the patient.

#### **E – Non - patient Professional Relationships**

*Optometrists have an obligation to conduct themselves with integrity and without conflicts of interest in all of their professional relationships.*

- 1. Relationships with Industry:** In their interactions with industry, optometrists are expected to maintain the highest level of ethical conduct in order to retain their professional autonomy and clinical integrity. Optometrists have a responsibility to provide the best care possible for their patients and to continuously advance their clinical and scientific knowledge. Industry can be a valuable resource in these endeavors. However, optometrists should avoid situations and activities that would not be in the best interest of their patients. Any financial

and/or material incentive offered by industry that creates an inappropriate influence on an optometrist's clinical judgment should be avoided.

2. **Employer-Employee Relationships:** Optometrists should avoid or terminate any employment situation where the employer interferes with or attempts to control the independent professional judgment of the employed optometrist within the scope of optometric practice. Relations between optometrists, and between optometrists and staff, should be conducted in a manner that advances the best interests of patients, including the sharing of relevant information. An optometrist's clinical judgment and practice should not be compromised by economic interest in, commitment to, or benefit from professionally-related commercial enterprises.
3. **Harassment and Relationships with Subordinates:** An optometrist should not engage in any acts of emotional abuse, physical abuse, or sexual misconduct/ exploitation related to the optometrist's position as a health care professional. Intimate relationships, even when consensual, between an optometric supervisor and a colleague, student, office trainee, or staff member raise concerns because of inherent inequalities in the status and power of the individuals and are therefore inappropriate.
4. **Expert Testimony:** When optometrists provide expert testimony within a judicial or administrative action, the testimony should be balanced, fair, and truthful based on scientific and clinical knowledge. A reasonable fee, which is not contingent upon the outcome, may be accepted.

M-2011-4

ACOE MISSION REPORT TO 2012 HOUSE OF DELEGATES

That the American Optometric Association (AOA) House of Delegates (HOD) directs the Accreditation Council on Optometric Education (ACOE) to modify its mission and expand its scope to include accreditation of providers of continuing professional optometric education and, that the AOA Board of Trustees in conjunction with the ACOE develop a plan for the accreditation of providers of continuing professional optometric education for presentation and approval of the AOA HOD in 2012. Such plan shall include a business analysis and details of the program of accreditation.