AMERICAN OPTOMETRIC ASSOCIATION
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HOUSE OF DELEGATES
RESOLUTIONS
AND
SUBSTANTIVE MOTIONS

JUDICIAL COUNCIL

AMERICAN OPTOMETRIC ASSOCIATION

JULY 2019

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2012	SAFEGUARDING THE HIGHEST STANDARD OF CARE FOR OUR NATION'S VETERANS, AND SALUTING THOSE DOCTORS OF OPTOMETRY WHO PROVIDE THAT CARE.

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-2012-3	AOA BOARD OF TRUSTEES TO CONTINUE TO REFINE A MODEL OF CE ACCREDITATION

TEXT OF EXTANT RESOLUTIONS

328
(4 of 1935)
(Mod. 1980)

SCOPE OF PROFESSIONAL OPTOMETRY

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)
(Mod. 2012)

RESTRICTIONS ON CERTAIN ACTIVITIES OF TRUSTEES, OFFICERS AND VOLUNTEERS OF THE AMERICAN OPTOMETRIC ASSOCIATION

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 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 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

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)
(Mod. 2015)

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 ongoing and sustainable strategic membership marketing initiatives to enroll all eligible optometrists; and be it further

RESOLVED, that the American Optometric Association offer support and cooperation to this effort.

653
(7 of 1945)
(Mod. 1976)
(Mod. 1985)
(Mod. 2015)

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 are highly sophisticated procedures; 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 optometrists and ophthalmologists.

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.

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)
(Mod. 2015)

PROMOTE AND ENCOURAGE FINANCIAL AID TO OPTOMETRIC EDUCATIONAL INSTITUTIONS AND RESEARCH

WHEREAS, many optometric institutions are finding that the costs of providing an optometric education and conducting research have been steadily increasing; and

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

RESOLVED, that the American Optometric Association promote and encourage the development of outside funding sources for the optometric educational institutions, from members of the profession, public and private sources, and the public.

1042
(16 of 1953)
(Mod. 1995)

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

(Mod. 2000)

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)
(Mod. 2015)

AFFILIATED ASSOCIATIONS 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 affiliated associations be encouraged to take steps to create similar relations on a state and local level.

1139
(16 of 1955)
(Mod. 2015)

AOA TO COOPERATE WITH NATIONAL ORGANIZATIONS IN THE FIELDS OF EYE AND 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 consultation and cooperation.

1241
(17 of 1957)
(Mod. 2005)
(Mod. 2015)

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 unaware of these 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 schools and colleges of optometry to inform students of the advantages of a military or public health service career and the procedure and regulations pertaining to applications for commissions.

1342
(8 of 1959)
(Mod. 1980)
(Mod. 2000)
(Mod. 2015)

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” (where its use is permitted by state law or regulation) are sufficiently all-embracing to cover the complete practice of optometry; and

WHEREAS, the American Optometric Association has determined that the use of the titles “Doctor of Optometry” and “Optometric Physician” enhance public recognition of the practitioners of the profession of optometry; 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; and be it further

RESOLVED, that the American Optometric Association use the preferred titles “Doctor of Optometry” and “Optometric Physician” in all written communications where practicable, including publications, resolutions and policy statements, and encourage the affiliated associations to do likewise.

1390
(10 of 1960)

SAVE YOUR VISION MONTH

(Mod. 1985)
(Mod. 2005)

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)
(Mod. 2015)

COOPERATION WITH STATE AGENCIES RE MOTORISTS' VISION AND HIGHWAY SAFETY

RESOLVED, that the American Optometric Association and the various affiliated associations continue to offer their cooperation to the appropriate state agencies and make available to them their materials and knowledge on the subject of motorists' vision and its relation to highway safety.

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)
(Mod. 2015)

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 American Optometric Association encourages the schools and colleges of optometry to 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)
(Combination in 2015, 933-14 of 1951 – Mod. 1985, 1990, 1995, 2010 – and 1959-6 of 2004)

SCOPE OF PRACTICE NONDISCRIMINATION AND EQUAL REIMBURSEMENT IN BASIC HEALTH AND SUPPLEMENTAL THIRD PARTY PROGRAMS

WHEREAS, certain public or private insurance plans or programs deny reimbursement to optometrists for services within the optometric scope of practice as defined by state law; and

WHEREAS, certain public or private insurance plans or programs reimburse participating optometrists less than participating ophthalmologists when providing the same or similar covered services; now therefore be it

RESOLVED, that the affiliated associations are urged to take any and all steps necessary to amend the applicable laws and regulations to prohibit any restriction on the scope of covered services that can be provided by a Doctor of Optometry when those covered services are included in the state's authorized scope of practice; and be it further

RESOLVED, that the affiliated associations take any and all steps necessary to amend the applicable laws and regulations to require equal reimbursement to participating optometrists and ophthalmologists when providing the same or similar covered services.

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)
(Mod. 2015)

PUBLIC HEALTH CAREERS

RESOLVED, that there be broadly-based career path programs developed for Doctors of Optometry in the field of public health; and be it further

RESOLVED, that these begin with a basic optometric education to be followed by graduate education in a graduate school of public health or a graduate school of public administration, or similar graduate programs that in some cases may be completed simultaneously with the Doctor of Optometry degree; and be it further

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

1650
(14A of 1969)
(Mod. 2015)

HIGHEST LEVEL UTILIZATION

RESOLVED, that to maximize access of patients to comprehensive eye health and vision care services the American Optometric Association strongly urges that healthcare insurance programs, both public and private, allow participating Doctors of Optometry to provide covered services at the highest level of their professional competence, as authorized by state law.

1673
(8A of 1971)
(Mod. 1985)
(Mod. 2010)
(Mod. 2015)

PROFESSIONAL SUPERVISION OF OPTOMETRISTS WITHIN INSTITUTIONAL AND CLINICAL FACILITIES

RESOLVED, that all professional services provided by Doctors of Optometry in settings such as hospitals, community health centers, and other institutional health care facilities should be reviewed by Doctors of Optometry, consistent with the peer review concept; and be it further

RESOLVED, that the American Optometric Association urges all affiliated optometric associations to examine their laws governing the licensing and regulation of hospitals, community health centers, and other institutional 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)

STATUS OF CIVIL SERVICE OPTOMETRISTS

WHEREAS, optometrists in civil service have contributed greatly to

(Mod. 2005)
(Mod. 2015)

the nation's eye health and 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.

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.

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

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)

PRIMARY CARE

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)
(Mod. 2015)

CONSUMER INFORMATION

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 conduct a positive consumer information program, emphasizing the professional skills and services Doctors of Optometry provide, and to educate the public as to what constitutes appropriate eye health and vision care.

1798
(3 of 1978)
(Mod. 1990)
(Mod. 1995)
(Mod. 2000)
(Mod. 2015)

GOVERNMENTAL HEALTH CARE PROGRAMS

WHEREAS, optometry should be included in every related 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, Accountable Care Organizations (ACOs), Health Systems Agencies (HSAs), Managed Care Organizations (MCOs), and other health care delivery models on a national level.

1803
(1 of 1979)
(Mod. 2010)
(Mod. 2015)

HEALTH CARE PROVIDER LICENSING

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 licensing and regulation of providers is the role of the states; and

WHEREAS, certain federal agencies are investigating the possibility of preempting the 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, including any national licensing efforts related to telemedicine; 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)
(Mod. 2015)

SUPPORT OF AOA-PAC

RESOLVED, that the American Optometric Association urges every member optometrist to actively 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)
(Mod. 2015)

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 eye health and vision care services provided by Doctors of Optometry 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)
(Mod. 2015)

HIGH BLOOD PRESSURE DETECTION

RESOLVED, that the American Optometric Association encourages Doctors of Optometry to participate in 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.

1827
(1 of 1983)
(Mod. 2015)

CONTACT LENSES IN THE WORKPLACE

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

WHEREAS, many individuals 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 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 the workplace 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)
(Mod. 2015)

BOXING SAFETY

WHEREAS, there have been many serious injuries suffered by boxers; 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 optometrists or ophthalmologists to determine the health of the participants' visual systems be conducted before and after each

contest.

1832
(6 of 1983)
(Combination in 2015, 1849-2 of 1987)

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; and

WHEREAS, for many years the American Optometric Association House of Delegates has prohibited smoking in the House of Delegates; 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; and be it further

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.

1833
(7 of 1983)
(Mod. 2015)

CONTACT LENS TERMINOLOGY

WHEREAS, members of the public are confused regarding what comprises quality care for the contact lens patient; and

WHEREAS, the term "contact lens fitting" contributes to the confusion about 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 optometrists, the affiliated associations and allied optometric organizations.

1834
(8 of 1983)
(Combination in 2015, 1836-Cod. Res. 180, 1349)

INTERNATIONAL OPTOMETRY

WHEREAS, the mission of the American Optometric Association includes the recognition of optometrists as primary health care providers and assuring access by the public to the full scope of optometric care; 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 many countries eye health and vision care services are very scarce and inaccessible to the majority of the population, and are often not sufficient to meet the 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; and be it further

RESOLVED, that the American Optometric Association will work to promote closer relations among optometric associations throughout the world.

1835
(1 of 1984)
(Mod. 2015)

SCOPE OF PRACTICE

WHEREAS, the public benefits when Doctors of Optometry practice to the full extent of their professional education, training, and experience and to use their independent professional judgment to examine, diagnose, treat, and manage eye health and vision 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 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.

1837
(Cod. Res. 1384, 1511)
(Mod. 2000)
(Mod. 2015)

INCLUSION OF EYE HEALTH AND VISION CARE IN HEALTH CARE PROGRAMS

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

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

RESOLVED, that the American Optometric Association seeks the inclusion of eye health and vision care in all health programs, public and private; and be it further

RESOLVED, that services provided by Doctors of Optometry be utilized in providing eye health and vision care in all health programs; and be it further

RESOLVED, that whenever a health care program that includes eye health and vision care is offered, 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)
(Mod. 2015)

VISION AND LEARNING DISABILITY

WHEREAS, a problem demonstrated by many children and adults, 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, 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 other disciplines that also 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)
(Mod. 2015)

AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI) STANDARDS

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 Accredited Standards Committee (ASC) 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 ASC Z80 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 Z80.13 – Phakic Intraocular Lenses

ANSI Z80.17 – Ophthalmics – 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 – Ophthalmics – 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.

ANSI Z80.31 – Ophthalmics – Ophthalmic Optics – Specifications for Single-Vision Ready-to-Wear Near-Vision Spectacles.

1840
(Cod. Res. 519, 1584)
(Mod. 1990)
(Mod. 1995)
(Mod. 2005)
(Mod. 2015)

VISION THERAPY AND ORTHOPTICS

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 under the supervision, direction and control of a licensed optometrist or ophthalmologist, is contrary to the best interests of the public.

1842
(2 of 1985)
(Mod. 2000)
(Mod. 2005)
(Mod. 2010)
(Mod. 2015)

SUPPORT OF OPTOMETRIC RESEARCH

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; 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

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)

BILLING TO THIRD PARTY INSURANCE PLANS

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)
(Mod. 2017)

THE OPTOMETRIC OATH

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:

THE OPTOMETRIC OATH
With full deliberation I freely and solemnly pledge that:
I affirm that the health of my patient will be my first consideration.

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.

1850
(3 of 1987)
(Mod. 1995)
(Mod. 2005)
(Mod. 2015)

EYE CARE FOR THE PATIENT WITH DIABETES

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

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 vision 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 is being directed toward the eye care of patients with diabetes, including the development and dissemination of the Evidence-based Clinical Practice Guideline on the Eye Care of the Patient With Diabetes; 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 the diagnosis and management of ocular manifestations are important factors in the care of individuals with diabetes and therefore, 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 should continue to be developed and disseminated to health care professionals and the public.

1852
(5 of 1987)
(Combination in 2015, 1890-9 of 1991)

HIV AND AIDS RESEARCH

WHEREAS, it is incumbent upon optometrists, as primary health care providers, to be knowledgeable and to counsel patients about Acquired Immune Deficiency Syndrome (AIDS), since the disease has ocular manifestations and the Human Immunodeficiency Virus (HIV) antibody 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 strongly recommends that it be the responsibility of all practicing optometrists to acquire background and knowledge, through continuing professional education, of HIV infections, appropriate infection control and related public health and patient care issues; and be it further

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)
(Mod. 2015)

ERISA

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 not include coverage of certain eye health and vision care services when those services are provided by optometrists; 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 eye health and vision 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)
(Mod. 2015)

TORT REFORM

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

RESOLVED, that the American Optometric Association and affiliate 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.

1855
(3 of 1988)
(Mod. 2005)
(Mod. 2015)

SALE OF CONTACT LENSES

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

WHEREAS, improper diagnosis, treatment, management, follow-up care, and patient compliance 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 an eye doctor licensed 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 an eye doctor licensed to do so pursuant to state law.

1858
(1 of 1989)
(Mod. 2000)
(Mod. 2002)
(Mod. 2005)
(Mod. 2015)

LOW VISION REHABILITATION

WHEREAS, the number of individuals with visual impairment in the United States is growing; 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 optometric low vision rehabilitation.

1861
(4 of 1989)
(Mod. 1995)
(Mod. 2018)

VISION TESTING FOR DRIVERS LICENSE RENEWAL

WHEREAS, adequate vision is recognized as an important factor in attaining and maintaining a license to operate a motor vehicle; and

WHEREAS, vision may change over time; and

WHEREAS, some vision changes may result in increased risk of injury, motor vehicle accident, and/or inability to meet state statutory and/or regulatory guidelines for licensure; now therefore be it

RESOLVED, that the American Optometric Association and the affiliated associations continue to advocate that the laws and/or regulations of every state provide suitable and adequate vision testing for a driver's license which shall be given prior to initial licensing, and thereafter upon each license renewal.

1862
(5 of 1989)

PATIENT COMPLIANCE WITH CONTACT LENS REGIMENS

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)
(Mod. 2015)

READY-TO-WEAR READING GLASSES

WHEREAS, self diagnosis of vision problems may delay professional 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 relying solely on ready-to-wear reading glasses without examination or recommendation by their eye care professional.

1864
(7 of 1989)
(Mod. 1995)
(Mod. 2010)
(Mod. 2015)

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 laboratory studies and has been reported to cause pingueculae 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, High Energy Visible (HEV) light, also known as blue

light, has been linked to age related macular degeneration; 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 that meet or exceed the standards for UV protection set forth by both the European standard EN1836:2005 and the U.S. Food and Drug Administration; 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

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

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 associations for the VISION USA project.

1867
(10 of 1989)
(Mod. 2015)

SECOND OPINIONS REGARDING CATARACT SURGERY

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

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

WHEREAS, second 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 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 surgical opinions regarding cataract surgery to recognize and utilize optometrists for providing second opinions.

1868
(11 of 1989)
(Mod. 2005)
(Mod. 2015)

PRE AND POST OPERATIVE CARE

WHEREAS, optometrists are educated, 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)
(Mod. 2015)

OPTOMETRIC HOSPITAL PRIVILEGES

WHEREAS, optometrists are primary health care providers; and

WHEREAS, optometrists are educated and 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 health and vision care

providers to many hospitals; and

WHEREAS, patients could benefit from eye health and vision care or consultation by their optometrist during a hospital visit; and

WHEREAS, Medicare has recognized optometrists as qualified to provide eye health and vision services in Medicare certified hospitals; now therefore be it

RESOLVED, that the American Optometric Association promote and support the attainment of hospital privileges by optometrists; and be it further

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

1870
(13 of 1989)
(Mod. 2010)
(Mod. 2015)

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 through their education and training, have the ability to manage and co-manage patients with other 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)
(Mod. 2015)

CATASTROPHIC HEALTH CARE

WHEREAS, Doctors of Optometry are primary health care providers; and

WHEREAS, Doctors of Optometry are educated and trained to provide services to patients with signs and symptoms of eye disease and vision problems, ocular manifestations of systemic disease, and ocular emergencies; now therefore be it

RESOLVED, that the American Optometric Association urge that all Federal catastrophic health insurance and all health care programs which are 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 programs include Doctors of Optometry as providers.

1873
(16 of 1989)
(Mod. 2015)

VISION THERAPY

WHEREAS, vision science literature supports the efficacy of vision therapy and its benefits to patients; 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, including visual training and orthoptics, is an integral part of the practice of optometry and has 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)
(Mod. 2015)

REFERRAL OF PATIENTS

WHEREAS, Doctors of Optometry are educated, clinically trained and licensed to examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system; 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 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 eye health and vision and not upon personal inducements or arrangements.

1875
(18 of 1989)
(Mod. 2005)
(Combination in 2015, 1900-5 of 1993 – Mod. 2005)

COMPUTERS AND OTHER ELECTRONIC DEVICES

WHEREAS, the use of computers and other electronic devices has increased greatly; and

WHEREAS, the extended use of computers and other electronic devices places stress on the eyes and the vision system which may cause problems such as eye strain, blurred vision, light sensitivity or ocular fatigue; and

WHEREAS, the comfort and efficiency of those using computers and other electronic devices 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 eye health and vision care to those using computers and other electronic devices; now therefore be it

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

RESOLVED, that the American Optometric Association urges the schools and college of optometry to include education on issues related to vision and computer and other electronic device 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 or other electronic device use; and be it further

RESOLVED, that the American Optometric Association develop

and distribute consumer information to improve understanding by the public on the use of computers and other electronic devices, stressing the importance of regular optometric eye health and vision care and other important considerations related to their use.

1877
(2 of 1990)
(Mod. 1995)
(Mod. 2005)
(Mod. 2014)

OPTOMETRIC ASSISTANTS AND TECHNICIANS

WHEREAS, the American Optometric Association represents the profession of optometry, and has a continuing interest in the training of ancillary personnel; and

WHEREAS, the American Optometric Association recognizes its responsibility to the public by organizing, developing, and reviewing training programs for optometric assistants and technicians; and

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

RESOLVED, that the duties of optometric assistants and technicians shall be limited to mechanical and technical functions not requiring the exercise of professional discretion and/or judgment, and shall not in any manner represent an extension of optometric licensure to those not licensed to practice optometry; 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 needs of the profession; and be it further

RESOLVED, that the American Optometric Association continue to support optometric assistants and technicians through the Paraoptometric Resource Center and through liaison with 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)
(Mod. 2015)

OPTOMETRIC PARTICIPATION IN INVESTIGATIONAL PHARMACEUTICAL 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 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 pharmaceutical studies.

1895
(5 of 1992)
(Mod. 2015)

OPTOMETRIC INCLUSION IN MANAGED CARE

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 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 primary entry point 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)
(Mod. 2015)

EYE HAZARDS OF FIREWORKS

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

WHEREAS, many eye injuries occur each year from the use of fireworks, most occurring in children and can result 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

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

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.

1898
(3 of 1993)

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.

1901
(6 of 1993)
(Mod. 2011)

HORIZONTAL GAZE NYSTAGMUS AS A FIELD SOBRIETY TEST

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

EDUCATION IN ETHICS

(1 of 1994)
(Mod. 2000)

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 the affiliate associations providing continuing education, to adopt structured curricula and programs in ethics.

1906

ANTITRUST COMPLIANCE

(3 of 1994)
(Mod. 2015)

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 within 30 days of appointment or election to the volunteer structure and annually thereafter; and be it further

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

1908
(Combination in 1995 of 1035-9 of 1953. - Mod. 1985 – and 1846-3 of 1986. - Mod. 1990)
(Mod. 2000)
(Mod. 2015)

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 Doctors of Optometry to examine, diagnose, treat, and manage diseases and disorders of the eyes, analyze the functioning of the visual system including the prescription of lenses, prisms and vision therapy when necessary, and to collaborate with optometrists and other professionals to maximize the child’s growth, development and academic success.

1910
(Combination in 1995, 1903-8 of 1993 and 1905-2 of 1994)
(Mod. 2015)

DISCLOSURE OF CONFLICTS OF INTEREST

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 within 30 days of appointment or election to the volunteer structure and then annually thereafter; 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)
(Mod. 2017)

REFRACTION AND PATIENT HEALTH

WHEREAS, the American Optometric Association (AOA) is deeply committed to protecting the welfare of the public by advocating high professional standards of patient care; and

WHEREAS, it is the policy of the AOA as adopted by the House of Delegates in Resolution #1987 that the optimal delivery of comprehensive eye health and vision care requires an in-person examination and that emerging technologies, while potentially valuable, are not in any way a substitute for in-person care; and

WHEREAS, a comprehensive eye health and vision evaluation by an optometrist or ophthalmologist is necessary for the early diagnosis and treatment of ocular diseases; and

WHEREAS, a comprehensive eye health and vision evaluation by an optometrist or ophthalmologist can detect serious and life-threatening systemic disease for timely referral and management; and

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

WHEREAS, the assessment of refractive error and refractive shifts are often observed in a comprehensive eye health and vision evaluation, and are critical in the diagnosis of both ocular and systemic disease; and

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

RESOLVED, that the AOA declares that assessment of the refractive status of the human eye should only be performed as part of a comprehensive eye examination by or under the direct supervision of an optometrist or ophthalmologist with whom the patient has an established doctor-patient relationship; and be it further

RESOLVED, that the AOA strongly opposes legislation which would permit refractions to be performed independent of eye health and vision evaluations; and be it further

RESOLVED, that the AOA encourages the affiliated associations to oppose legislation, regulation, and policy which would permit refractions to be performed independent of the eye health and vision evaluations.

1913
(3 of 1995)
(Mod. 2015)

ETHICS COMMITTEE

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)
(Mod. 2015)

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 of optometry determines that a candidate's credentials do not sufficiently meet state standards, it 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 associations and individual 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

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 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 associations to adopt a similar resolution.

1918
(3 of 1996)
(Mod. 2019)

AOA SUPPORT OF STATE SCOPE OF PRACTICE ISSUES

WHEREAS, the affiliated 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 associations in initiatives to expand or defend their optometric practice acts.

1919
(4 of 1996)
(Mod. 2005)
(Mod. 2015)

OPTOMETRIC REPRESENTATION IN NATIONAL ACCREDITING ORGANIZATIONS

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)
(Mod. 2015)

DOCTOR/PATIENT COMMUNICATIONS IN MANAGED HEALTH CARE PLANS

WHEREAS, there is concern that some managed health care contracts 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 advocates 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 health 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 associations to seek the adoption of similar state legislation.

1922
(2 of 1997)

OPTOMETRIC INPUT IN THE ESTABLISHMENT OF TELEMEDICINE PROTOCOLS

(Mod. 2015)

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

WHEREAS, telemedicine is broadly defined as the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status; 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 continue to evaluate the clinical application of telemedicine to the provision of eye health and vision care and to provide optometric input in the establishment of telemedicine conventions, protocols and legislative initiatives.

1923
(3 of 1997)
(Mod. 2015)

EYE AND VISION CARE FOR EVERY CHILD

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 health and vision care services essential for his or her optimal development.

1928
(1 of 1998)
(Mod. 2003)
(Combination in 2015, 1968-3 of 2007)

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

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 2020 set vision objectives for the country and objective V-6 is to increase the use of appropriate personal protective eyewear in recreational activities and hazardous situations around the home;

and

WHEREAS, the National Eye Institute reports the sports with the greatest number of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball; 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, 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 and promoting the use of appropriate protective eyewear, especially for functional monocular athletes; 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 be it further

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.

1933
(1 of 1999)

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

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 U.S. jurisdiction to another; now therefore be it

RESOLVED, that the American Optometric Association encourages the affiliated associations and individual state optometry boards to actively seek the repeal of 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

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 Boards of Optometry to accept courses in ethics toward fulfillment of continuing education requirements for license renewal.

1939
(4 of 2001)
(Mod. 2015)

PROTECTING AGAINST POTENTIAL BIAS IN PATIENT CARE

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

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)
(Mod. 2015)

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

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, 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 encourages public awareness and policy initiatives to significantly increase the number of children who receive a complete eye and vision examination from an optometrist or an ophthalmologist.

1943
(1 of 2002)
(Mod. 2005)
(Mod. 2014)

PARAOPTOMETRIC TRAINING AND CERTIFICATION

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 care; and

WHEREAS, when credentialing healthcare providers, entities may request information on the training and/or certification of ancillary staff; and

WHEREAS, the AOA has provided continuing education for paraoptometrics for many years; and

WHEREAS, the AOA, in consultation with leaders in optometry, has developed levels of certification with knowledge-based examinations administered by the Commission on Paraoptometric Certification (CPC); now therefore be it

RESOLVED, that the AOA shall recommend that all member optometrists encourage their paraoptometric staff to become Associate Members and to obtain appropriate certification through the CPC; and be it further

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

1944
(2 of 2002)
(Mod. 2015)

OPTOMETRIC HEALTH PROMOTION AND DISEASE PREVENTION

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 the affiliated associations and all optometrists 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

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)
(Mod. 2015)

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

WHEREAS, optometrists are located in thousands of communities throughout the United States and are the only eye and vision care providers in most 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; now therefore be it

RESOLVED, that the American Optometric Association supports and will actively pursue the inclusion of eye health and vision care services as a required primary health care service in the Health Center Program (Section 330 of the Public Health Service Act).

1949
(8 of 2002)
(Mod. 2005)
(Mod. 2015)

THE AMERICAN OPTOMETRIC ASSOCIATION TO AID THE ASSOCIATION OF SCHOOLS AND COLLEGES OF OPTOMETRY TO ATTRACT QUALIFIED STUDENTS

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

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 terms 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.

1953
(4 of 2003)
(Mod. 2005)
(Mod. 2015)

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)
(Mod. 2015)

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 affiliated associations may differ from that offered by the AOA; now therefore be it

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

1955
(2 of 2004)
(Mod. 2015)

ADVANCE ACCESS TO AOA CONGRESS INFORMATION

RESOLVED, that the AOA 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)

PROTECTION OF MEMBER PERSONAL INFORMATION

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 of 2004)
(Mod. 2015)

ACCESS TO EYE HEALTH AND VISION CARE IN FEDERAL PROGRAMS

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 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 affiliated associations 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 health care provider groups.

1958
(5 of 2004)
(Mod. 2015)

RURAL HEALTH CARE

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 health and vision care as an integral part of the physical, mental, social, and economic well-being of America's rural populations.

1960
(7 of 2004)

PATIENTS BENEFIT FROM OPTOMETRIC PROFESSIONALISM

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*

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.

1967
(2 of 2007)
(Mod. 2010)

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

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.

1969
(4 of 2007)

CODE OF ETHICS

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)
(Mod. 2015)

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, school nurses frequently encounter children at risk of clinically significant eye health and vision conditions in the school-age population; and

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

RESOLVED, that the American Optometric Association recommends comprehensive eye examinations by an eye doctor for all children; and be it further

RESOLVED, that the American Optometric Association recognizes that children's comprehensive eye care is an essential benefit under the Affordable Care Act; and be it further

RESOLVED, that the American Optometric Association encourages all school nurses to refer children who have not had a comprehensive eye examination by an eye doctor to have such an exam; and be it further

RESOLVED, that the American Optometric Association strongly recommends that any child with any visual complaint (any symptom) or condition related to eye and vision health; children with obvious evidence of physical anomaly (e.g. strabismus, ptosis, nystagmus); children with CNS dysfunction (e.g. Cerebral Palsy, Down Syndrome, seizures, developmental delay); children with Autism Spectrum Disorder; children enrolled in Early Intervention (EI) Program's including any child with an Individualized Education Plan (IEP) and any child enrolled in Early *Head Start* (child aged *0-3)*; children with a family history of amblyopia, strabismus or other early eye disease; or children born from high risk pregnancy (e.g. maternal drug use, infection during pregnancy, preterm delivery) be immediately referred to an eye doctor for a comprehensive eye examination; and be it further

RESOLVED, that the American Optometric Association pledges its support to our nation's school nurses as they carry out this important mission of coordinating and monitoring the health and well-being of our nation's school-aged children with eye doctors to assure such referrals have indeed been completed.

1973
(1 of 2009)

THE CHILD PROJECT™ AND SENIOR SAFETY NET™ IDENTIFICATION SYSTEM

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

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.

1974
(2 of 2009)
(Mod. 2015)

OBESITY IN CHILDREN AND ADOLESCENTS

WHEREAS, obesity is 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, the American Optometric Association recognizes obesity as a major public health problem that poses a serious threat to the health and well-being of children and adolescents; now therefore be it

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

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)
(Mod. 2015)

APHA MEMBERSHIP

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 in 2012 an optometrist, Dr. Melvin Shipp of Ohio served as APHA President; 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 associations, their leadership and members to join the APHA and state public health associations.

1978
(2 of 2011)

HEALTHY PEOPLE 2020

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*.

1980
(4 of 2011)

REQUIREMENTS FOR LICENSE RENEWAL

WHEREAS, the American Optometric Association (AOA) recognizes the important duty and role of the 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 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 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 boards of optometry are strongly encouraged to oppose any action which would require examination for license renewal beyond completion of state mandated continuing education.

1981
(5 of 2011)
(Combination in 2015, 1892-2 of 1992 – Mod. 1995, 2005)

COMPREHENSIVE VISION CARE SERVICES FOR INFANTS AND CHILDREN

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, 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[1], 79% have not visited an eye care provider in the past year[2], 35% have never seen an eye care professional[3]; and

WHEREAS, the National Eye Institute's Vision In Preschoolers (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* [4];" and

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

RESOLVED, that the American Optometric Association inform the public of the need to have infants' and children's eyes examined as recommended by their family optometrist.

Kleinstein, RN et al. Refractive error and ethnicity in children. Arch Ophthalmol 2003; 121:1141-1147.
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.
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.
Joint Statement of the 2011 School Readiness Summit: Focus on Vision

1982
(1 of 2012)
(Adapted from Res. 392)

ENDORSEMENT OF PROCEDURES, INSTRUMENTS, PRODUCTS, BUSINESS ENTITIES, AND AFFINITY PROGRAMS

WHEREAS, the endorsement by the American Optometric Association (AOA) of a business entity or affinity program related to the practice of optometry may be a benefit to its members; and

WHEREAS, the endorsement by the AOA as superior, actual or perceived, of any procedure, instrument or product related to the practice of optometry may risk breaching the public trust; now therefore be it

RESOLVED, that on behalf of the Association, the AOA Board of Trustees may approve the endorsement of business entities or affinity programs related to the practice of optometry that are determined to benefit its members and are not provided directly to patients or used in patient care; and be it further

RESOLVED, the Association may not approve the endorsement of

any procedures, instruments, or products provided directly to patients or involved in patient care.

1983
(3 of 2012)

SHARING OF NET PROFITS GENERATED FROM AOA-PROVIDED INTERNET-BASED CONTINUING EDUCATION PROGRAMS

WHEREAS, the American Optometric Association (AOA) and the affiliated optometric associations (Affiliates) share equally the mission of service to their membership, which includes providing resources for career advancement, training, and professional growth; and

WHEREAS, the effectiveness and success of the AOA requires strong Affiliates and the effectiveness and success of the Affiliates requires a strong AOA; and

WHEREAS, the potential exists for the AOA to generate net profits when providing continuing education over the internet; now therefore be it

RESOLVED, that all net profits (as determined in accordance with accounting standards generally accepted in the United States of America) generated through fees, sponsorships, grants, or other sources of funding when providing continuing education over the internet shall be shared equally between the AOA and the Affiliate of which the optometrist taking the internet-based course is an Active Member or, in the case of a non-member optometrist, between the AOA and the Affiliate representing the billing address provided by the non-member optometrist.

1984
(1 of 2013)

LICENSE RENEWAL REQUIREMENTS

WHEREAS, Doctors of Optometry play an integral role in the healthcare system; and

WHEREAS, Doctors of Optometry are licensed and regulated by boards which are charged with protecting the public by interpreting and enforcing the statutes governing the practice of optometry; and

WHEREAS, the practice of optometry continues to evolve and expand, necessitating a lifelong commitment to learning; and

WHEREAS, obtaining continuing education is an accepted method of promoting quality patient care and is a requirement for license

renewal in every United States jurisdiction; and

WHEREAS, the American Optometric Association adopted resolution #1980 in 2011 stating that "continuing education for license renewal has long been recognized as a verifiable and nationally accepted means for licensing boards to assure the public that licensees meet their statutory requirements;" and

WHEREAS, resolution #1980 further stated that the "affiliated associations and the boards of optometry are strongly encouraged to oppose any action which would require examination for license renewal beyond completion of state mandated continuing education;" now therefore be it

RESOLVED, that the American Optometric Association reaffirms that the system of continuing education, as currently required for license renewal in every U.S. jurisdiction, serves the interests of the public and the profession; and be it further

RESOLVED, that the American Optometric Association is opposed to any additional mandatory requirements for license renewal that have not been proven to substantially enhance patient care, including but not limited to: Maintenance of Licensure (MOL), Continuing Professional Development (CPD), Board Certification (BC) and/or Maintenance of Certification (MOC), Self Assessment Modules (SAM), or similar maintenance of competency evaluation tools.

1985
(3 of 2014)

OPTOMETRIC CARE OF PATIENTS WITH BRAIN INJURIES INCLUDING CONCUSSIONS

WHEREAS, brain injuries, including concussions, may produce physical changes in the eye and adnexa as well as visual symptoms related to binocular, accommodative, visual processing and/or eye movement dysfunction; and

WHEREAS, the American Optometric Association has developed resources addressing the diagnosis and management of vision disorders associated with brain injuries, including concussions; and

WHEREAS, Doctors of Optometry are educated and trained to diagnose and manage visual and ocular sequelae related to brain injuries, including concussions; and

WHEREAS, Doctors of Optometry serve an integral role as part of the healthcare team devoted to the care of brain injured patients; now therefore be it

RESOLVED, that the American Optometric Association urge all healthcare professionals to consider the possibility that a patient's ocular or visual signs or symptoms may have been a result of a brain injury, including a concussion; and be it further

RESOLVED, that the American Optometric Association recommend an optometric evaluation to determine the presence of brain injury-related ocular changes and/or vision disorders for persons who have sustained a brain injury, including a concussion, and to provide medical and/or functional optometric rehabilitation services.

1986
(1 of 2015)

OPTOMETRIC CONTINUING EDUCATION ACCREDITATION

WHEREAS, the American Optometric Association (AOA) House of Delegates in 2012 adopted motion M-2012-3 directing the AOA Board of Trustees to continue to refine a model of continuing education (CE) accreditation including a model for accrediting CE providers by seeking additional input from various key organizations within the profession, to include discussion with the Association of Regulatory Boards of Optometry (ARBO) on the future direction of the Council on Optometric Practitioner Education (COPE); and

WHEREAS, in this context "provider" is defined as a group or organization offering CE programs for Doctors of Optometry, including but not limited to the AOA, the American Academy of Optometry (AAO), the affiliated associations, and the schools and colleges of optometry; and

WHEREAS, the profession of optometry still does not have an accreditation process for CE providers that has a governing structure which includes stakeholders within the profession and is consistent with other doctoral-level healthcare provider groups; now therefore be it

RESOLVED, that AOA continue to develop a model for CE accreditation with equivalent standards of other doctoral-level healthcare professions which includes representation from stakeholders; and be it further

RESOLVED, that the AOA Board of Trustees report progress in implementing this resolution to the 2016 House of Delegates.

1987
(2 of 2015)

POTENTIAL HEALTH RISKS OF EMERGING TECHNOLOGIES IN EYE CARE

WHEREAS, patients who do not receive in-person comprehensive eye health and vision examinations by Doctors of Optometry are at increased risk of potentially significant undetected sight- or life-threatening diseases; and

WHEREAS, remote and patient-administered eye and vision care can involve unverified, inaccurate, or misleading claims that may result in harm due to delayed care, missed diagnoses and/or disruption of the doctor-patient relationship; and

WHEREAS, educating Americans about the importance of in-person comprehensive eye examinations by Doctors of Optometry is a public health priority for the American Optometric Association (AOA); and

WHEREAS, the AOA recognizes that technology can help Doctors of Optometry advance patient care; however, safeguards must be in place to ensure that patient health and safety are not compromised by claims that in-person care is unnecessary, and that care rendered via telehealth technology be held to the same standards as in-person visits; now therefore be it

RESOLVED, it is the position of the AOA that the optimal delivery of comprehensive eye health and vision care requires an in-person examination and that emerging technologies, while potentially valuable, are not in any way a substitute for in-person care; and be it further

RESOLVED, that the AOA continue to closely monitor new and emerging technologies that purport to substitute for an in-person eye examination by a Doctor of Optometry; and be it further

RESOLVED, that the AOA continue to educate and inform the public, the media, third-party payers, and government officials about advances in the delivery of eye health and vision care; and be it further

RESOLVED, that the AOA also urge the affiliated associations to educate and inform the public on these matters.

1988
(1 of 2016)

LEGISLATIVE EFFORTS TO MODERNIZE SCOPE OF PRACTICE ACTS

WHEREAS, the scope of the profession of optometry is constantly evolving to meet the needs of our patients; and

WHEREAS, some state optometric practice acts are currently written to allow Doctors of Optometry to employ new and efficacious services and products as they become available without the necessity of legislative approval for each instance, except for limited restrictions determined to be outside the scope of practice of optometry in their states; and

WHEREAS, other, more restrictive state optometric practice acts, by listing only specific approved services and products, do not permit Doctors of Optometry to employ new and efficacious services and products as they become available because they require legislative approval for each instance; and

WHEREAS, the ideal optometric practice act allows Doctors of Optometry to treat all medical eye conditions, by any appropriate method, including new and efficacious services and products as they become available for the benefit of their patients without restriction; now therefore be it

RESOLVED, that the American Optometric Association (AOA) develop a model state optometric practice act which meets the criteria of the ideal optometric practice act set forth in this resolution, and report progress to the 2017 House of Delegates; and be it further

RESOLVED, that the AOA House of Delegates strongly encourage each state association to work towards modification and modernization of its state optometric practice act, if necessary, to achieve this goal.

1989
(1 of 2017)

<u>EYE HEALTH AND VISION CARE TELEHEALTH SERVICES</u>

WHEREAS, it is the policy of the American Optometric Association (AOA) as adopted by the House of Delegates in Resolution # 1987 that the optimal delivery of comprehensive eye health and vision care requires an in-person examination and that emerging technologies, while potentially valuable, are not in any way a substitute for in-person care; and

WHEREAS, it is the policy of AOA as adopted by the House of Delegates in Resolution #1922 that the AOA evaluate the clinical application of telemedicine to the provision of eye health and vision care and to provide optometric input in the establishment of telemedicine protocols; and

WHEREAS, telemedicine is a rapidly-evolving tool for the delivery of health information and services; and

WHEREAS, the AOA supports the appropriate use of eye health and vision care telemedicine services to supplement access to in-person high-value, high-quality eye health and vision care; and

WHEREAS, eye health and vision care telehealth services, when used appropriately, can serve to improve patient care as well as communication among and between Doctors of Optometry and other primary care or specialty care providers; now therefore be it

RESOLVED, that the "Position Statement Regarding Eye and Vision Telehealth Services" approved by the AOA Board of Directors in February 2017, is the official policy of the American Optometric Association

1990
(4 of 2017)

PUBLIC AWARENESS

WHEREAS, the National Academies of Sciences, Engineering, and Medicine (NASEM) has issued a report, "Making Eye Health a Population Health Imperative: Vision for Tomorrow" in 2016; and

WHEREAS, NASEM recommended in this report that "The Secretary of the U.S. Department of Health and Human Services should issue a Call to Action to motivate nationwide action toward achieving a reduction in the burden of vision impairment across the lifespan of people in the United States. Specifically, this call to action should establish goals to:
• Eliminate correctable and avoidable vision impairment by 2030,
• Delay the onset and progression of unavoidable chronic eye diseases and conditions,
• Minimize the impact of chronic vision impairment, and
• Achieve eye and vision health equity by improving care in underserved populations;" and

WHEREAS, NASEM also recommended in this report that "The Secretary of the U.S. Department of Health and Human Services, in collaboration with other federal agencies and departments, nonprofit and for-profit organizations, professional organizations, employers, state and local public health agencies, and the media, should launch a coordinated public awareness campaign to promote policies and practices that encourage eye and vision health across the lifespan, reduce vision impairment, and promote health equity. This campaign should target various stakeholders including the general population, care providers and caretakers, public health practitioners, policy makers, employers, and community and patient liaisons and representatives;" now therefore be it

RESOLVED, that the American Optometric Association (AOA) concurs with and supports the NASEM report recommendation: "The Secretary of the U.S. Department of Health and Human Services should issue a Call to Action to motivate nationwide action toward achieving a reduction in the burden of vision impairment across the lifespan of people in the United States. Specifically, this call to action should establish goals to:

• Eliminate correctable and avoidable vision impairment by 2030,

• Delay the onset and progression of unavoidable chronic eye diseases and conditions,

• Minimize the impact of chronic vision impairment, and

• Achieve eye and vision health equity by improving care in underserved populations;" and be it further

RESOLVED, that the AOA collaborate with the Secretary of the U.S. Department of Health and Human Services to implement the NASEM recommendation for "a coordinated public awareness campaign to promote policies and practices that encourage eye and vision health across the lifespan, reduce vision impairment, and promote health equity" by the utilization and promotion of the Think About Your Eyes (TAYE) eye health awareness campaign sponsored in part by the AOA.

1991
(5 of 2017)

EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES

WHEREAS, the National Academies of Sciences, Engineering, and Medicine (NASEM) has issued a report, "Making Eye Health a Population Health Imperative: Vision for Tomorrow" in 2016;" and

WHEREAS, NASEM recommended in this report that "The U.S. Department of Health and Human Services should convene one or more panels—comprising members of professional organizations, researchers, public health practitioners, patients, and other stakeholders—to develop a single set of evidence-based clinical and rehabilitation practice guidelines and measures that can be used by eye care professionals, other care providers, and public health professionals to prevent, screen for, detect, monitor, diagnose, and treat eye and vision problems. These guidelines and supporting evidence should be used to drive payment policies, including coverage determinations for corrective lenses and visual assistive devices following a diagnosed medical condition (e.g., refractive

error);" and

WHEREAS, the American Optometric Association (AOA) has developed evidence-based clinical guidelines using the process recommended in the 2011 Institute of Medicine (now NASEM) report, "Guidelines You Can Trust;" now therefore be it

RESOLVED, that the AOA invite the American Academy of Optometry, the American Academy of Ophthalmology, and other interested health professional organizations to endorse the evidence-based clinical guidelines developed by the AOA, and to contribute to the continued development and updates of the AOA Clinical Practice Guidelines.

1992
(6 of 2017)

SURVEILLANCE SYSTEM

WHEREAS, the National Academies of Sciences, Engineering, and Medicine (NASEM) has issued the report, "Making Eye Health a Population Health Imperative: Vision for Tomorrow" in 2016; and

WHEREAS, NASEM recommended in this report that
"The Centers for Disease Control and Prevention (CDC) should develop a coordinated surveillance system for eye and vision health in the United States. To advise and assist with the design of the system, the CDC should convene a task force comprising government, nonprofit and for-profit organizations, professional organizations, academic researchers, and the health care and public health sectors. The design of this system should include, but not be limited to:
• Developing and standardizing definitions for population-based studies, particularly definitions of clinical vision loss and functional vision impairment;
• Identifying and validating surveillance and quality-of-care measures to characterize vision-related outcomes, resources, and capacities within different communities and populations;
• Integrating eye-health outcomes, objective clinical measures, and risk/protective factors into existing clinical-health and population-health data collection forms and systems (e.g., chronic disease questionnaires, community health assessments, electronic health records, national and state health surveys, Medicare's health risk assessment, and databases); and
• Analyzing, interpreting, and disseminating information to the public in a timely and transparent manner;" and

WHEREAS, NASEM has also recommended that
"The U.S. Department of Health and Human Services should create

an interagency workgroup, including a wide range of public, private, and community stakeholders, to develop a common research agenda and coordinated eye and vision health research and demonstration grant programs that target the leading causes, consequences, and unmet needs of vision impairment. This research agenda should include, but not be limited to:
• Population-based epidemiologic and clinical research on the major causes and risks and protective factors for vision impairment, with a special emphasis on longitudinal studies of the major causes of vision impairment;
• Health services research, focused on patient-centered care processes, comparative-effectiveness and economic evaluation of clinical interventions, and innovative models of care delivery to improve access to appropriate diagnostics, follow-up treatment, and rehabilitation services, particularly among high-risk populations;
• Population health services research to reduce eye and vision health disparities, focusing on effective interventions that promote eye healthy environments and conditions, especially for under-served populations;
• Research and development on emerging preventive, diagnostic, therapeutic, and treatment strategies and technologies, including efforts to improve the design and sensitivity of different screening protocols;" and

WHEREAS, the American Optometric Association (AOA) is the largest professional association of Doctors of Optometry in the United States; and

WHEREAS, Doctors of Optometry provide more than two-thirds of primary eye care in the United States; and

WHEREAS, the AOA was asked to support the National Opinion Research Center (NORC)/CDC Cooperative Agreement to "Establish a Vision and Eye Health Surveillance System for the Nation;" and

WHEREAS, the AOA Measures and Outcomes Registry for Eyecare (AOA MORE) collects anonymized data on thousands of patient encounters each month and stores it in a database capable of generating reports which provide critical information such as patient outcomes, incidence of eye and vision disorders, and practice patterns; and

WHEREAS, that AOA MORE can make a substantial positive contribution to the collection, analysis, and interpretation of health-related data pertaining to the eye; now therefore be it

RESOLVED, that the AOA concurs with the recommendation of NASEM for the CDC to convene a task force to develop a coordinated surveillance system for eye and vision health in the United States; and be it further
RESOLVED, that efforts be made for the AOA to serve on the task force; and be it further

RESOLVED, that the AOA concurs with the recommendation of NASEM for the U.S. Department of Health and Human Services to create an interagency workgroup, including a wide range of public, private, and community stakeholders, to develop a common research agenda, coordinated eye and vision health research, and demonstration grant programs; and be it further

RESOLVED, that efforts be made for the AOA to serve on the interagency workgroup; and be it further

RESOLVED, that efforts be made to ensure that AOA MORE is recognized as an integral part of a coordinated surveillance system for eye and vision health in the United States; and be it further

RESOLVED, that the AOA develop programs using data from AOA MORE to target the leading causes and consequences of visual disability, with the goal of meeting the needs of patients with visual impairment.

1993
(7 of 2017)

PUBLIC HEALTH

WHEREAS, the National Academies of Sciences, Engineering, and Medicine (NASEM) has issued the report, "Making Eye Health a Population Health Imperative: Vision for Tomorrow" in 2016; and

WHEREAS, NASEM recommended in this report that
"State and local public health departments should partner with health care systems to align public health and clinical practice objectives, programs, and strategies about eye and vision health to:
• Enhance community health needs assessments, surveys, health impact assessments, and quality improvement metrics;
• Identify and eliminate barriers within health care and public health systems to eye care, especially comprehensive eye exams, appropriate screenings, and follow-up services, and items and services intended to improve the functioning of individuals with vision impairment;
• Include public health and clinical expertise related to eye and vision health on oversight committees, advisory boards, expert panels, and

staff, as appropriate;
• Encourage physicians and health professionals to ask and engage in discussions about eye and vision health as part of patients' regular office visits; and
• Incorporate eye health and chronic vision impairment into existing quality improvement, injury and infection control, and behavioral change programs related to comorbid chronic conditions, community health, and the elimination of health disparities;" and

WHEREAS, NASEM also recommended in this report that "To build state and local public health capacity, the Centers for Disease Control and Prevention should prioritize and expand its vision grant program, in partnership with state-based chronic disease programs and other clinical and non-clinical stakeholders, to:
• Design, implement, and evaluate programs for the primary prevention of conditions leading to visual impairment, including policies to reduce eye injuries;
• Develop and evaluate policies and systems that facilitate access to, and utilization of, patient-centered vision care and rehabilitation services, including integration and coordination among care providers; and
• Develop and evaluate initiatives to improve environments and socioeconomic conditions that underpin good eye and vision health and reduce eye injuries in communities;" now therefore be it

RESOLVED, that the American Optometric Association advocate for placement of Doctors of Optometry on the staff of the Centers for Disease Control and Prevention, and on the staff of the National Eye Institute, to assist with grant programs and to help local and state health departments align public health and clinical practice objectives, programs, and strategies to improve eye and vision health.

1994
(8 OF 2017)

INTER-PROFESSIONAL RELATIONS

WHEREAS, the National Academies of Sciences, Engineering, and Medicine (NASEM) in its 2016 report, "Making Eye Health a Population Health Imperative: Vision for Tomorrow," concludes that "to cultivate professional relationships and collaboration that will advance eye and vision health across medicine and beyond clinical care, it will be important to establish common expertise that can align overarching objectives and action among health professionals; and

WHEREAS, the American Optometric Association (AOA) House of Delegates adopted resolution #1960 in 2004, which states in part 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"; and

WHEREAS, it is also the long-standing policy of the AOA that all educational courses offered at AOA meetings be open to ophthalmologists to attend; and

WHEREAS, the American Academy of Ophthalmology continues its policy of excluding optometrists from educational courses offered at Academy meetings; now therefore be it

RESOLVED, that the AOA, in support of and in alignment with the NASEM conclusion, calls upon the American Academy of Ophthalmology to reverse its policy and permit attendance by Doctors of Optometry at all educational courses offered at Academy meetings.

1995
(9 of 2017)

DIVERSE WORKFORCE AND CULTURAL COMPETENCY OF ALL HEALTHCARE PROVIDERS

WHEREAS, the American Optometric Association (AOA) House of Delegates adopted Resolution #1694 in 1995, which states in part 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

WHEREAS, the National Academies of Sciences, Engineering, and Medicine (NASEM) has issued a report, "Making Eye Health a Population Health Imperative: Vision for Tomorrow" in 2016; and

WHEREAS, NASEM recommended in this report that
"To enable the health care and public health workforce to meet the eye care needs of a changing population and to coordinate responses to vision-related health threats, professional education programs should proactively recruit and educate a diverse workforce and incorporate prevention and detection of visual impairments, population health, and team care coordination as part of core competencies in applicable medical and professional education and training curricula. Individual curricula should emphasize proficiency in culturally competent care for all populations;", now therefore be it

RESOLVED, that the AOA, in support of and in alignment with the NASEM conclusion, continue to advocate for a diverse work force

and proficiency in culturally competent care for all populations.

1996
(10 OF 2017)

THE VITAL ROLE OF THE VETERANS HEALTH ADMINISTRATION

WHEREAS, Veterans of the Armed Services of the United States of America have demonstrated exceptional courage and sacrifice in the defense of our nation; and

WHEREAS, Veterans are promised that they will receive appropriate quality healthcare subsequent to their service to the nation; and

WHEREAS, eye health and vision care is an essential core component of the integrated health care services provided by the Veterans Health Administration to our nation's Veterans; and

WHEREAS, the Optometry Service within the Veterans Health Administration provides Veterans with diagnosis, management, and treatment of eye health and vision disorders, including the ocular manifestations and complications of systemic disease; and

WHEREAS, Doctors of Optometry working in the Optometry Service program regularly serve as the entrance point for Veterans into the Veterans Health Administration; and

WHEREAS, Doctors of Optometry appropriately refer patients to other members of the Veterans Health Administration health care team for treatment when ocular manifestations of systemic disease are present; and

WHEREAS, Doctors of Optometry within the Veterans Health Administration are the primary providers of visual rehabilitation for Veterans who are blind or who have sustained traumatic brain injury; now therefore be it

RESOLVED, that the American Optometric Association vigorously oppose changes to policies that would serve to deprioritize the eye health and vision care services provided to our nation's Veterans through the Optometry Service program within the Veterans Health Administration; and be it further

RESOLVED, that the American Optometric Association support the enhanced implementation and expansion of the Optometry Service program within the Veterans Health Administration; and be it further RESOLVED, that the American Optometric Association support the

Veterans Choice program in areas and situations where Veterans are unable to obtain in-person comprehensive eye health and vision care services in a VA eye clinic.

1997
(11 of 2017)

SUPPORT FOR THINK ABOUT YOUR EYES BY OTHER ORGANIZATIONS

WHEREAS, the National Academies of Sciences, Engineering, and Medicine (NASEM) has issued a report, "Making Eye Health a Population Health Imperative: Vision for Tomorrow" in 2016; and

WHEREAS, NASEM recommended in this report that "The Secretary of the U.S. Department of Health and Human Services should issue a Call to Action to motivate nationwide action toward achieving a reduction in the burden of vision impairment across the lifespan of people in the United States. Specifically, this call to action should establish goals to:
• Eliminate correctable and avoidable vision impairment by 2030,
• Delay the onset and progression of unavoidable chronic eye diseases and conditions,
• Minimize the impact of chronic vision impairment, and
• Achieve eye and vision health equity by improving care in underserved populations;" and

WHEREAS, NASEM also recommended in this report that "The Secretary of the U.S. Department of Health and Human Services, in collaboration with other federal agencies and departments, nonprofit and for-profit organizations, professional organizations, employers, state and local public health agencies, and the media, should launch a coordinated public awareness campaign to promote policies and practices that encourage eye and vision health across the lifespan, reduce vision impairment, and promote health equity. This campaign should target various stakeholders including the general population, care providers and caretakers, public health practitioners, policy makers, employers, and community and patient liaisons and representatives;" and

WHEREAS, the Think About Your Eyes campaign, sponsored in part by the American Optometric Association (AOA), has demonstrated significant success as a public awareness campaign; and

WHEREAS, the data show that in 2015 and 2016 alone, the Think About Your Eyes campaign resulted in approximately 2,000,000 Americans seeking eyecare who otherwise would not have done so; and
WHEREAS, many of those approximately 2,000,000 comprehensive

eye examinations resulted in the diagnosis and treatment of vision, ocular, and systemic health disorders that may well have otherwise continued to go undiagnosed and unmanaged; now therefore be it

RESOLVED, that the AOA recommend that all stakeholders and professional associations within eye and vision care endorse, support, and promote the Think About Your Eyes campaign.

1998
(12 of 2017)

TO ESTABLISH A NEW ENTITY TO ACCREDIT PROVIDERS OF OPTOMETRIC CONTINUING EDUCATION

WHEREAS, at the 2012 American Optometric Association (AOA) Annual Congress, the AOA House of Delegates directed the AOA Board of Trustees to continue to refine a model of Continuing Education (CE) accreditation (including a model for accrediting CE providers) by seeking additional input from various key organizations within the profession, including discussion with the Association of Regulatory Boards of Optometry (ARBO), on the future direction of its Council on Optometric Practitioner Education (COPE) and

WHEREAS, in 2015, the AOA House of Delegates adopted Resolution 1986, "Optometric Continuing Education Accreditation", which noted that "the profession of optometry still does not have an accreditation process for CE providers that has a governing structure which includes stakeholders within the profession and is consistent with other doctoral-level healthcare provider groups"; and

WHEREAS, Resolution 1986 made it the policy of the AOA to "continue to develop a model for CE accreditation with equivalent standards of other doctoral-level healthcare professions which includes representation from stakeholders"; and

WHEREAS, in years 2013 – 2017, representatives of the AOA, ARBO, the American Academy of Optometry (AAO), and the Association of Schools and Colleges of Optometry (ASCO) met annually at the Inter-Organizational Communications and Cooperation Committee (IOCCC) to discuss development of a new body to accredit optometric CE providers that includes representation from all stakeholders; and

WHEREAS, representatives of AOA, ARBO, AAO, ASCO, other optometry stakeholder organizations, and state and national leaders came together in September 2016 in Dallas, TX for the purpose of forging consensus on this matter and, through open debate and discussion, developed and agreed unanimously to the eight core principles of CE provider accreditation attached hereto; and

WHEREAS, ARBO invited AOA to appoint three members to an ARBO Task Force (with four ARBO-appointed members) to explore CE models of accreditation, and AOA agreed, and representatives were appointed from AOA, AAO, and ASCO; and

WHEREAS, AOA proposed a governance model that would create an independent committee within the ARBO structure, with representatives nominated by AOA, AAO, ASCO, ARBO, an education member, and a public member; and

WHEREAS, ARBO did not agree to this model; and

WHEREAS, this model embodies the eight core principles jointly agreed to by AOA, ARBO, AAO, and ASCO and conforms to the policy of the AOA as described in Resolution 1986; and

WHEREAS, the participation of all entities within optometry, while desirable, is not necessary to fulfill the directives of Resolution 1986; now therefore be it

RESOLVED, that the House of Delegates directs the AOA to join a new body to accredit providers of optometric CE that includes representation from stakeholders including the AAO, ASCO, and other interested organizations as appropriate.

1999
(1 of 2018)

AOA EDUCATION CENTER'S ROLE IN DELIVERING HIGH-QUALITY OPTOMETRIC CONTINUING EDUCATION

WHEREAS, the American Optometric Association is a provider of continuing education at Optometry's Meeting® and throughout the year on its online learning platform, Eyelearn; and

WHEREAS, in 2018 the AOA Board of Trustees created a new Education Center to elevate the focus on education and build a program that continuously delivers continuing education and professional development content to AOA members; and

WHEREAS, AOA continues to support the eight (8) core principles of continuing education provider education endorsed by optometric stakeholder organizations and described in Resolution 1998; now therefore, be it

RESOLVED, that the mission of the AOA Education Center is to deliver integrated, high quality continuing professional education and development of content based on established data-driven standards; and be it further

RESOLVED, that this content shall align with the eight (8) principles of continuing education provider education described in Resolution 1998, where applicable; and be it further

RESOLVED, that the AOA shall establish itself, through the work of the Education Center, as the leader in the delivery of post-graduate education in partnership with the affiliates by providing high quality content on an ongoing basis to AOA members.

2000
(3 of 2018)

MAINTAINING THE HIGHEST STANDARDS IN OPTOMETRIC EDUCATION

WHEREAS, On January 9, 2018, the National Board of Examiners in Optometry (NBEO) and the Association of Schools and Colleges of Optometry (ASCO) collaborated to release for the first time a report of pass rates on Parts I through III of the national licensing examination; and

WHEREAS, since the 2017 graduating class entered optometry school, several colleges and universities have either announced plans to establish new professional optometric degree programs or have received preliminary accreditation status; and

WHEREAS, the American Optometric Association recognizes that all professional Doctor of Optometry degree programs must be judged on their own merits; and

WHEREAS, Doctors of Optometry entering practice today are exceptionally well-educated and -trained to fulfill the profession's essential and expanding role in the health care system; and

WHEREAS, due to the increasing rigor of the optometric education curriculum, which is related to the expanding scope of optometric practice, students entering schools and colleges of optometry must continue to be academically qualified and well-prepared; now therefore be it

RESOLVED, that on behalf of its doctor and student members, and consistent with the AOA Board of Trustees' letters to the Accreditation Council on Optometric Education (ACOE) dated January 18, 2018 and May 1, 2018, the AOA affirm its support for

the fair and verifiable application of accreditation standards, including those for new programs, and for making full use of all information available relevant to student outcomes; and be it further

RESOLVED, that the AOA affirm its full recognition and endorsement of the complete independence of the ACOE in establishing, maintaining, and enforcing accreditation standards for optometric education, encompassing all accredited programs and those in various stages of development; and be it further

RESOLVED, that the AOA call upon all optometric stakeholders, including but not limited to the ACOE, consistent with their respective duties and responsibilities, to continue to strengthen optometric education.

2001
(4 of 2018)

DOCTORS OF OPTOMETRY: A CALL FOR NATIONWIDE MOBILIZATION AGAINST OPIOID USE AND COORDINATION WITH FEDERAL AGENCIES

WHEREAS, the American Optometric Association (AOA), as the largest professional association of Doctors of Optometry, supports the expanding role in health care by Doctors of Optometry, including training and licensure to prescribe and dispense controlled substances in the course of professional practice; and

WHEREAS, Doctors of Optometry, in the course of diagnosis and treatment of disease and injury, may have the need to prescribe drugs and drug products for pain control that have known abuse potential, including opioids; and

WHEREAS, the AOA is in support of the President's Opioid Emergency Declaration of October 2017, which instructs the Department of Health and Human Services (HHS) to declare the opioid crisis a Nationwide Public Health Emergency; and

WHEREAS, the AOA Health Policy Institute (HPI), in a November 2017 Issue Brief, made Doctors of Optometry further aware of their physician responsibilities when prescribing opioids, including but not limited to, the quantity and duration of the required opioids, discussion of the risks and benefits with patients, opioid withdrawal and overdose prevention strategies, and knowledge of available treatments for opioid use disorders and addictions; now therefore be it

RESOLVED, that AOA, as a health care stakeholder, collaborate with the Secretary of the U.S. Department of Health and Human

Services (HHS) to improve access to prevention, treatment and recovery support services, and to advance the science and practice of pain management; and be it further

RESOLVED, that the AOA, as a health care stakeholder, collaborate with the Food and Drug Administration (FDA) in the advancement and refinement of prescribing practices, including efforts to make sure that only appropriate patients are prescribed opioids, and that the prescriptions are written for appropriate dosages and durations; and be it further

RESOLVED, that the AOA, as a health care stakeholder, collaborate with the Centers for Disease Control and Prevention (CDC) to promote use of the CDC guidelines for prescribing opioids; and be it further

RESOLVED, that the AOA, as a health care stakeholder, collaborate with the Office of National Drug Control Policy (ONDCP) to help strengthen its infrastructure for creating and sustaining a reduction in substance abuse; and be it further

RESOLVED, that the AOA, as a health care stakeholder, collaborate with the Substance Abuse and Mental Health Services Administration (SAMHSA) in the design of new service delivery models and surveillance tools to help reduce the impact of substance abuse and mental illness on America's communities; and be it further

RESOLVED, that the AOA encourage all of the affiliated optometric associations, as well as the schools and colleges of optometry, to adopt this resolution as an essential public health response to the opioid crisis.

2002
(5 of 2018)

REFORM OF NATIONAL LICENSING EXAMINATION CONTENT

WHEREAS, the National Board of Examiners in Optometry (NBEO) press release dated June 18, 2018, entitled "The National Board of Examiners in Optometry (NBEO) Announces Work Will Begin to Revise the Content of the Part III Clinical Skills Examination," declared its intention to begin work to revise the Part III examination to include knowledge assessments, patient scenarios, and patient record documentation; and

WHEREAS, individuals seeking licensure as Doctors of Optometry must pass the licensing examinations required by the state in which they intend to practice; and

WHEREAS, current licensing examinations for other physician level professions place greater emphasis on testing cognitive skills, interpersonal communication, and clinical decision making in standard and novel patient encounters, and less emphasis on testing motor skills; now therefore be it

RESOLVED, that the American Optometric Association encourage the NBEO to expeditiously adopt valid and reliable reforms to the content of the Part III exam to place greater emphasis on testing cognitive skills, interpersonal communication, and clinical decision making in standard and novel patient encounters, and less emphasis on testing motor skills.

2003
(6 of 2018)

REFORM OF NATIONAL LICENSING EXAMINATION ADMINISTRATION

WHEREAS, most states currently require passage of Part III of the National Board of Examiners in Optometry (NBEO) exam as a requisite for licensure, and

WHEREAS, the Part III exam is presently only offered at the NBEO's National Center of Clinical Testing in Optometry (NCCTO), located in Charlotte, North Carolina; and

WHEREAS, most optometry students are required to travel to take the Part III exam; and

WHEREAS, such travel represents a substantial financial burden for many optometry students; and

WHEREAS, most physician-level health care licensing entities use regional testing centers or other widely dispersed locations to test examinees' clinical skills; now therefore be it

RESOLVED, that the American Optometric Association call on the NBEO to adopt reforms to the administration of the Part III exam that will reduce the financial burden on optometry students taking the exam, including the ability to take the Part III exam at regional testing locations.

2004
(7 of 2018)

NOMINATING COMMITTEE APPOINTMENTS

WHEREAS, Article II, Section 7 of the AOA Bylaws provides that a Nominating Committee be constituted prior to each AOA annual House of Delegates; and

WHEREAS, the Nominating Committee is charged with the responsibility of preparing a slate of nominees for election to the AOA Board of Trustees; and

WHEREAS, the House of Delegates appropriately attaches great weight to the recommendations of the Nominating Committee; and

WHEREAS, the work of the Nominating Committee therefore significantly influences the makeup of the elected leadership of the Association; now therefore be it

RESOLVED, that the AOA House of Delegates believes that to be able to properly evaluate candidates, it is essential that appointees to the Nominating Committee possess extensive knowledge of current issues facing the profession; and be it further,

RESOLVED, that the AOA House of Delegates recommend to AOA affiliate associations that appointees to the Nominating Committee be past presidents or current board members of their associations.

2005
(1 of 2019)

VOLUNTARY MIPS PARTICIPATION AND USING AOA MORE TO REPORT MIPS DATA

WHEREAS, the Medicare system is embracing value-driven, evidence-based health care; and

WHEREAS, currently, the Centers for Medicare and Medicaid Services (CMS) evaluates provider quality based on participation in Medicare quality reporting programs, such as the Merit-based Incentive Payment System (MIPS) and alternative payment models; and

WHEREAS, due to AOA advocacy, CMS allows voluntary MIPS participation for certain healthcare providers; and

WHEREAS, participation in Medicare quality programs by healthcare providers increases the amount of data available to researchers; and

WHEREAS, the AOA Measures and Outcomes Registry for Eyecare (AOA MORE) captures data which allows Doctors of Optometry to report MIPS data; now therefore be it

RESOLVED, the AOA supports the use of AOA MORE to collect and report data from Doctors of Optometry, which will allow CMS to have up-to-date information on the care provided by Doctors of Optometry; and be it further

RESOLVED, for those Doctors of Optometry who are not required to participate in MIPS but can voluntarily opt-in, the AOA supports this voluntary participation; and be in further

RESOLVED, that Doctors of Optometry are encouraged to report MIPS data through AOA MORE, rather than directly through the CMS site.

2006
(2 of 2019)

MIPS ACTIVITY CREDIT

WHEREAS, in response to the American Optometric Association's (AOA's) recommendation, the Centers for Medicare & Medicaid Services (CMS) has created a Merit-based Incentive Payment System (MIPS) improvement activity that gives non-optometrist physicians MIPS credit for educating their patients on the need and value of comprehensive eye care; and

WHEREAS, CMS notes that in order for providers to receive credit for this activity, MIPS-eligible providers must provide literature or facilitate conversations about the topic*; and

WHEREAS, using resources such as Think About Your Eyes, InfantSEE, and other AOA-endorsed programs, satisfy the Activity requirements established by CMS; now therefore be it

RESOLVED, that AOA member Doctors of Optometry are encouraged to engage with non-optometric physicians in their community to educate them on the importance of comprehensive eye care, and the MIPS activity credit(s) available.

*Source: https://qpp.cms.gov

2007
(3 of 2019)

THINK ABOUT YOUR EYES (TAYE) CAMPAIGN

WHEREAS, Think About Your Eyes (TAYE) is a national public awareness campaign which educates the public about eye health and vision care, and encourages individuals to have comprehensive eye examinations; and

WHEREAS, TAYE is the only national awareness campaign carrying optometry's vital message of the importance of in-person, comprehensive eye examinations; and

WHEREAS, the TAYE campaign has delivered more than one billion impressions, utilizing the internet, radio, and primetime ads on major cable networks, with factual and inspirational messaging such as "Seeing is a Gift"; and

WHEREAS, seven in ten people surveyed indicated they were "likely" or "very likely" to schedule an annual eye examination after hearing or viewing TAYE messages; and

WHEREAS, TAYE has driven an estimated eight million additional comprehensive eye examinations since its inception; and

WHEREAS, the TAYE website provides patient education materials, including information about eye examinations, eye diseases, eyeglasses, contact lenses, and more; and

WHEREAS, there are currently nearly 19,000 AOA member doctors on the TAYE doctor locator; and

WHEREAS, TAYE has more than 21 partners and has joined with 46 affiliates and The Vision Council to ensure patient education continues to grow; now therefore be it

RESOLVED, that the American Optometric Association calls upon its members to use TAYE's resources to encourage patients to seek comprehensive eye examinations.

2008
(4 of 2019)

SUPPORT FOR THE AMERICAN OPTOMETRIC STUDENT ASSOCIATION

WHEREAS, in 2018 the American Optometric Student Association (AOSA) adopted education, advocacy, student experience, and tools for success as the four pillars of its organizational foundation; and

WHEREAS, in 2018 the AOSA embarked on a rebranding campaign, including relaunching its website and revamping its publication, *Foresight*; and

WHEREAS, in 2018 the AOSA donated nearly $10,000 to Optometry Cares® - the AOA Foundation, thereby creating student disaster relief grants; and

WHEREAS, in 2018 the AOSA provided students with over $50,000 in scholarship and grant opportunities; and

WHEREAS, in 2019 one hundred and thirty-nine AOSA student members attended the "AOA on Capitol Hill" meeting to join their fellow AOA members in advocating for the profession in Congress; and

WHEREAS, AOSA designates Optometry's Meeting® as their only national optometry student meeting; and

WHEREAS, AOSA has created an interactive map resource on its website to help connect student members with AOA affiliated associations; now therefore be it

RESOLVED, that the AOA finds that these developments demonstrate a renewed dedication and commitment on the part of the AOSA to the success of its membership, the AOA, and the profession of optometry; and be it further

RESOLVED, that the AOA calls upon all AOA affiliated associations to recognize the extraordinary achievements of the AOSA and to reward its dedication by strengthening outreach efforts to optometry students and recent graduates.

2009
(5 of 2019)

SUPPORT FOR THE UNITED IN POSSIBILITIES CAMPAIGN

WHEREAS, the United in Possibilities campaign has been developed to support the passion and motivation of Doctors of Optometry, and invites and creatively recruits non-members to become members of the American Optometric Association (AOA) so they can participate in shaping the future of optometry; and

WHEREAS, this fully integrated marketing campaign uses quantitative research studies to develop persuasive membership messaging for young optometrists; and

WHEREAS, advertising, public relations, websites, videos, industry initiatives, and other marketing communication strategies leverage the AOA brand messaging in a consistent and compelling fashion; and

WHEREAS, the campaign has generated millions of ad impressions, key metrics have exceeded industry benchmarks, and search engine marketing performance results have shown month-to-month improvement; and

WHEREAS, in 2019 the American Society of Association Executives awarded the United in Possibilities campaign its Gold Circle award, which recognizes the premier marketing, membership and communications programs among associations and nonprofits; now therefore be it

RESOLVED, that AOA affiliated associations are called upon to adopt and actively support the research-driven United in Possibilities campaign in order to better inform potential members of the benefits of AOA membership, and to attract new members.

2010
(6 of 2019)

OPTOMETRY'S FUND FOR DISASTER RELIEF

WHEREAS, Optometry Cares – the AOA Foundation (Optometry Cares) operates the Optometry's Fund for Disaster Relief program (OFDR); and

WHEREAS, Resolution 1976, adopted in 2010, names Optometry Cares – the AOA Foundation as the AOA domestic charity of choice; and

WHEREAS, since 2005 OFDR has awarded over $970,000 in assistance to Doctors of Optometry and students in need of

assistance; and

WHEREAS, in the years 2016 through 2018, due in part to unusually widespread natural disasters, OFDR awarded more than $475,000 in disaster relief to Doctors of Optometry and optometry students in need of assistance; and

WHEREAS, in 2018 alone, OFDR raised over $300,000 in donations as a result of concentrated fundraising efforts; and

WHEREAS, these figures demonstrate that the profession has embraced OFDR as a way to support their colleagues in need; now therefore be it

RESOLVED, that the AOA applauds the success of the OFDR program and the Doctors of Optometry and others who have generously supported it; and be it further

RESOLVED, that the AOA recognizes the OFDR as the primary charity to support Doctors of Optometry and students of optometry who have suffered as a result of natural disasters; and be it further

RESOLVED, that all AOA member doctors and supporters of the AOA are encouraged to donate to the OFDR.

2011
(7 of 2019)

TO AMEND RESOLUTION #1918, "AOA SUPPORT OF STATE SCOPE OF PRACTICE ISSUES" (ADOPTED 1996)

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

WHEREAS, in 2018 AOA launched the Future Practice Initiative to provide resources to AOA-affiliated associations in their efforts to pass scope of practice legislation that recognizes the advances made in optometric education and post-graduate training that allow contemporary Doctors of Optometry to provide full-scope optometric care to their patients; and

WHEREAS, in 2018 AOA launched the Advanced Procedure and Future Practice Education Task Force to develop and provide additional educational opportunities in advanced optometric skills to students and Doctors of Optometry; 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 AOA shall continue to encourage all affiliated associations to utilize the resources developed by the Advanced Procedure and Future Practice Education Task Force and the Future Practice Initiative; and be it further

RESOLVED, that the AOA shall encourage all AOA affiliated associations to promote these resources to their members; and be it further

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

2012
(8 of 2019)

SAFEGUARDING THE HIGHEST STANDARD OF CARE FOR OUR NATION'S VETERANS, AND SALUTING THOSE DOCTORS OF OPTOMETRY WHO PROVIDE THAT CARE.

WHEREAS, dedicated Doctors of Optometry across our nation provide outstanding services to America's veterans through in-person comprehensive eye health and vision care; and

WHEREAS, Doctors of Optometry safeguard health and vision, and diagnose and treat vision disorders, eye disease, and systemic disease; and

WHEREAS, the Department of Veterans Affairs (VA) Eye Care Handbook* recognizes Doctors of Optometry as equal partners with ophthalmologists in providing care to America's veterans; and

WHEREAS, this care benefits veterans by improving vision and helping them live longer and healthier lives, thereby helping to fulfill the VA's mission, to wit: "… *to care for him who shall have borne the battle* ..."; and

WHEREAS, the American Optometric Association (AOA), the Armed Forces Optometric Society (AFOS), all AOA affiliated associations, leading Veterans Service Organizations (VSOs), and concerned Members of Congress have made it an advocacy priority to safeguard quality care for veterans by continuing to take a firm stand in opposition to programs and proposals that undermine the established and recognized standard of care in the VA system; and

WHEREAS, such efforts include an active issue education campaign to build support among Senators, Members of Congress, VSOs and the media for the high-quality care provided to our nation's veterans; and

WHEREAS, the VA Technology-Based Eye Care Services (TECS) program*, as it currently exists, leaves veterans vulnerable to receiving substandard care, and falls short of the VA's own standard of care; now therefore be it

RESOLVED, that the AOA salutes the Doctors of Optometry who are on the frontlines providing outstanding eye health and vision care to America's veterans; and be it further

RESOLVED, that the AOA recognizes the extraordinary efforts of its members and all AOA affiliated associations to safeguard the standard of care provided to our nation's veterans; and be it further

RESOLVED, that the AOA and the affiliated associations should continue to cooperate on and prioritize efforts to safeguard the standard of care received by veterans, and to support the Doctors of Optometry who provide that care.

*Source: https://www.va.gov

TEXT OF EXTANT SUBSTANTIVE MOTIONS

M-2009-2 BOARD CERTIFICATION

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:

<u>Category I Education</u>: *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.]*

<u>Category II Education</u>: *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.

<u>Category III Education</u> (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 9th or 10th year of

the certification cycle.

M-2011-2 STANDARDS OF PROFESSIONAL CONDUCT

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-2012-3 AOA BOARD OF TRUSTEES TO CONTINUE TO REFINE A MODEL OF CE ACCREDITATION

That, pursuant to Motion 2011-4 adopted by the AOA House of Delegates in 2011:

1) The preliminary Report on the ACOE Mission is declared Received.

2) The House of Delegates directs the AOA Board of Trustees to continue to refine a model of CE accreditation including a model for accrediting Continuing Education (CE) providers, by seeking additional input from various key organizations within the profession, including discussion with ARBO on the future direction of COPE.

3) The AOA House of Delegates directs that the ACOE takes action to implement a plan of accreditation of CE only upon express authorization by the AOA House of Delegates through its approval of a comprehensive plan.