

The chart below shows all resolutions that the Judicial Council voted to propose for Modification to the 2026 House of Delegates

M Modify – for resolutions that address current or ongoing issues, but require updating.

NO:	RESOLUTION TITLE:	RECOMMENDATION:
568	MEMBERSHIP DRIVE FOR ORGANIZED OPTOMETRY	Modify
663	AMERICAN OPTOMETRIC ASSOCIATION INTELLECTUAL PROPERTY	Modify
1042	AMERICAN OPTOMETRIC ASSOCIATION REPRESENTATIVES TO ACTIVELY ENGAGE WITH STUDENTS AT SCHOOLS AND COLLEGES OF OPTOMETRY	Modify
1391	COOPERATION WITH STATE AGENCIES RE MOTORISTS' VISION AND HIGHWAY SAFETY	Modify
1791	PRIMARY CARE	Modify
1832	TOBACCO SMOKING AND HEALTH	Modify
1838	VISION AND LEARNING DISABILITY	Modify
1839	OPHTHALMIC PRODUCT AND INSTRUMENT STANDARDS	Modify
1858	LOW VISION REHABILITATION	Modify
1861	VISION TESTING FOR DRIVERS LICENSE RENEWAL	Modify
1873	VISION THERAPY	Modify
1943	PARAOPTOMETRIC TRAINING AND CERTIFICATION	Modify
1950	CONCERNING INDIVIDUALS WITH A VISUAL IMPAIRMENT WISHING TO DRIVE	Modify
1956	PROTECTION OF MEMBER PERSONAL INFORMATION	Modify
1976	SUPPORT OF OPTOMETRY CARES	Modify
1982	ENDORSEMENT OF PROCEDURES, INSTRUMENTS, PRODUCTS, BUSINESS ENTITIES, AND AFFINITY PROGRAMS	Modify
1983	SHARING OF NET PROFITS GENERATED FROM AOA-PROVIDED INTERNET-BASED CONTINUING EDUCATION PROGRAMS	Modify
1985	OPTOMETRIC CARE OF PATIENTS WITH BRAIN INJURIES INCLUDING CONCUSSIONS	Modify
1990	PUBLIC AWARENESS	Modify

2014	SUPPORT FOR STUDENT ATTENDANCE AT AOA+ AND OTHER AOA AND AOA AFFILIATE ASSOCIATION EVENTS	Modify
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568
(52 of 1942)
(Mod. 2015)

MEMBERSHIP DRIVE FOR ORGANIZED OPTOMETRY

WHEREAS, it is desirable to have all eligible doctors of optometry 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 doctors of optometry; and be it further

RESOLVED, that the AOA ~~offers support and cooperation to this effort~~ supports a coordinated, research driven membership growth strategy that uses digital outreach, data insights, and collaboration with affiliates to engage, enroll, and retain eligible doctors of optometry.

663
(17 of 1945)
(Mod. 1985)
(Mod. 2021)

AMERICAN OPTOMETRIC ASSOCIATION INTELLECTUAL PROPERTY AND DATA ASSETS

RESOLVED, that all intellectual property, created or published as a work for hire by the American Optometric Association (AOA) or a subsidiary shall be owned by AOA or a subsidiary and shall be protected through appropriate means; and be it further created or published by the American Optometric Association be protected by copyright or trademark.

RESOLVED, that member data, aggregated data and derivative insights lawfully collected or generated by the Association shall be treated as a strategic intellectual asset of the Association and safeguarded in accordance with applicable privacy laws, ethical standards and organizational policies governing use, access, security and commercialization.

1042
(16 of 1953)
(Mod. 1995)
(Mod. 2000)
(Mod. 2021)

AMERICAN OPTOMETRIC ASSOCIATION REPRESENTATIVES TO ACTIVELY ENGAGE WITH STUDENTS AT SCHOOLS AND COLLEGES OF OPTOMETRY

WHEREAS, active engagement with 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 American Optometric Association Board of Trustees is requested, in its judgment, to arrange for regular visits and strategic engagement by representatives of AOA to each school or college of optometry using both in person and digital channels for the purpose of encouraging active engagement with the student body and explaining the advantages of belonging to the only organization representing the entire profession of optometry.

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, visual skills and ~~its~~ their relation to highway safety.

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~~ eye care; 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.

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 and vaping dramatically increases the risk of developing age-related macular degeneration (AMD), with smokers being up to four times more

likely to be afflicted and potentially developing the disease a decade earlier than non-smokers; and

WHEREAS, tobacco smoking is the most significant controllable risk factor for AMD in older adults; 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 (AOA) House of Delegates has prohibited smoking in the House of Delegates; now therefore be it

RESOLVED, that AOA 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 AOA 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.

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 AOA affirms the responsibility of the doctor of optometry in the treatment and 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)

(Mod. 2021)

OPHTHALMIC PRODUCT AND INSTRUMENT STANDARDS

WHEREAS, the American National Standards Institute (ANSI) and ASTM International are nationally recognized organizations for the development of voluntary product and instrument standards in the United States; and

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

WHEREAS, ANSI has established an Accredited Standards Committee (ASC) on Eye and Face Protection (Z87) which has been engaged in the development of occupational and educational safety eyewear standards since 1961; and

WHEREAS, ASTM International has established Committee F08 on Sports Equipment and Facilities which has been engaged in the development of sports and recreational safety eyewear standards since 1969; and

WHEREAS, the American Optometric Association (AOA) and other optometric organizations have participated directly in the development of all consensus ophthalmic standards by the ASC Z80, ASC Z87 and Committee F08 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 AOA endorses the following ANSI Z80, ANSI Z87 and ASTM F08 standards and encourages every Doctor of Optometry to utilize them as minimum standards and maximum tolerances appropriate to evaluate the quality of ophthalmic materials and services 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 Z80.7 – 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 Ready-to-Wear Near-Vision Spectacles-

ANSI Z80.36 – Ophthalmics – Light Hazard Protection for Ophthalmic Instruments

ANSI Z80.37 – Ophthalmics – Slit-Lamp Microscopes

ANSI Z80.38 – Ophthalmics – Light Hazard from Operation Microscopes Used in Ocular Surgery

ANSI/ISO 7998 / 8624 / 12870 – Optics Set – Ophthalmic Optics – Spectacle Frames – Lists of Equivalent Terms and Vocabulary, Measuring System and Terminology, and Requirements and Test Methods

ANSI/ISEA Z87.1 – American National Standard for Occupational and Educational Personal Eye and Face Protection Devices

ANSI/ISEA Z87.62 – American National Standard for Occupational and Educational Eye and Face Protection Devices for Preventing Exposures Caused by Sprays or Spurts of Blood or Body Fluids

ASTM F513 – Standard Specification for Eye and Face Protective Equipment for Hockey Players

ASTM F659 – Standard Specification for Ski and Snowboard Goggles

ASTM F803 – Standard Specification for Eye Protectors for Selected Sports

ASTM F1776 – Standard Specification for Eye Protective Devices for Paintball Sports

ASTM F2713 – Standard Specification for Eye Protectors for Field Hockey

ASTM F2812 – Standard Specification for Goggle- and Spectacle-Type Eye Protectors for Selected Motor Sports

ASTM F2879 – Standard Specification for Eye Protective Devices for Airsoft Sports

ASTM F3077 – Standard Specification for Eye Protectors for Women’s Lacrosse

ASTM F3164 – Standard Specification for Eye Protectors for Racket Sports (Racquetball, Squash, Tennis, Pickleball)

ASTM F3398 – Standard Specification for Face and Ear Protective Devices for Air Soft Sports

ASTM F3603 – Standard Specification for Eye Protectors for Handball

1858
(1 of 1989)
(Mod. 2000)
(Mod. 2002)
(Mod. 2005)
(Mod. 2015)
(Mod. 2025)

LOW VISION REHABILITATION

WHEREAS, vision rehabilitation is a process of care for individuals with vision impairment(s) managed by doctors of optometry as part of the eye and vision care continuum; and

WHEREAS, the vision rehabilitation clinical process begins with an eye examination which includes all areas of a comprehensive adult or pediatric eye and vision examination; and

WHEREAS, continued optometric care of ocular structures, visual systems, and diseases/conditions related to visual impairment may include visual and non-visual pathways and its impact on function; and

WHEREAS, vision rehabilitation care and services managed by doctors of optometry include multiple treatment options including the integration of treatment with clinical therapy and the use of treatment to optimize visual function for both distance and near activities including reading; and

WHEREAS, vision rehabilitation care and services managed by doctors of optometry include counseling and assisting patients in performing activities of daily living including but not limited to

~~reading, learning, coping,~~ ambulating safely, and pursuing activities associated with improved and protected individual health; and

WHEREAS, ~~low~~ vision rehabilitation by the optometrist includes the development of an individualized treatment plan, shared clinical decision making and management of the patient's vision impairment(s); and

WHEREAS, the model of care for patients with vision impairment parallels the physical medicine and rehabilitation care model-where the doctor of optometry identifies and leads an appropriate patient-centered care team to promote healthcare for the patients' physical and emotional well-being; and

WHEREAS, ongoing re-evaluation of the patient to address changing vision and/or patient needs and priorities leads to subsequent changes in treatment strategies to meet desired health outcomes; now, therefore, be it

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 doctors of optometry to continue to provide care, co-manage, or refer individuals with visual impairment to another optometrist who provides ~~low~~ vision rehabilitation; and be it further

RESOLVED, that the AOA inform the public and other stakeholders about the need for ~~low~~ vision rehabilitation, and the critical role that optometrists play in providing this care, and be it further

RESOLVED, that the AOA urge organizations, agencies, and providers to partner with doctors of optometry in order to best address evolving patient needs as patients are assessed, and as visual systems change when ~~low~~ vision rehabilitation is considered or administered.

WHEREAS, the American Optometric Association (AOA) represents the profession of optometry, and has a continuing interest in the training of ~~aneillary personnel~~ paraoptometric staff; and

WHEREAS, AOA 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 doctors of optometry utilize their ~~aneillary personnel~~ paraoptometric staff 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 AOA so as to advance the health and welfare of the public and serve the needs of the profession; and be it further

RESOLVED, that AOA continues to support optometric assistants and technicians through ~~the Paraoptometric Resource Center and through~~ liaison with the Commission on Paraoptometric Certification (CPC) and with support from the Paraoptometric Resource Committee.

1911
(1 of 1995)
(Mod. 2017)
(Mod. 2021)

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~~ to 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.

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~~ paraoptometric 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 doctors of optometry 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~~ to eligible candidates.

1950
(9 of 2002)
(Mod. 2021)

CONCERNING VISUALLY IMPAIRED INDIVIDUALS WITH A VISUAL IMPAIRMENT WISHING TO DRIVE MAINTAINING OR OBTAINING A DRIVER'S LICENSE

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 an ~~highly prized and essential~~ activity which promotes independent living and life skills development, allowing for increased access to education, employment, healthcare, and social activities ~~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; now therefore be it

RESOLVED, those individuals who do not meet the minimum visual requirements for driving licensure should when appropriate undergo an additional in-person comprehensive eye examination to further assess visual functioning with correction and when appropriate be

provided with referral to other healthcare providers to address other factors which preclude driving licensure; and be it further

RESOLVED, AOA recommends that persons who do not meet the established minimum visual requirement for driving licensure be advised about alternative transportation resources., and who wish to drive, be considered by the licensing authority where legally permissible on a case-by-case basis.

1956
(3 of 2004)
(Mod. 2021)

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 Membership Department~~ shall maintain and communicate clear data privacy and opt-out policies consistent with modern privacy standards, and shall provide members with accessible options to manage the use and release of their personal information.

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, doctors of optometry 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, AOA strives to ensure that public policy related to eye and vision care will uniformly recognize doctors of optometry 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 AOA strongly encourages the government of every ~~Sovereign Nation~~ sovereign nation where optometry is not recognized as a profession to enact laws establishing the licensure and regulation of doctors of optometry; and be it further

RESOLVED, that AOA strongly encourages the government of every ~~Sovereign Nation~~ sovereign nation to recognize the authority of doctors of optometry to practice in their jurisdiction at the highest level of their education and training.

1976
(2 of 2010)
(Mod. 2021)

SUPPORT OF OPTOMETRY CARES FOR AOA FOUNDATION

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

WHEREAS, the programs of Optometry Cares – the AOA Foundation 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 – the AOA Foundation as the American Optometric Association's domestic charity of choice and encourages all doctors of optometry and the ophthalmic industry to support Optometry Cares – the AOA Foundation 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 – the AOA Foundation.

1982
(1 of 2012)

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

(Adapted from Res.
392)
(Mod. 2021)

WHEREAS, the endorsement by the American Optometric Association (AOA) or its subsidiaries 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 prescribed by doctors of optometry, or used directly on patients or in patient care ~~related to the practice of optometry~~ may risk breaching the public trust; now therefore be it

RESOLVED, that AOA or its subsidiaries may not approve the endorsement of any procedures, instruments, or products ~~provided directly to patients or involved in patient care~~ prescribed by doctors of optometry, or used directly on patients or in patient care; and be it further

RESOLVED, that on behalf of the Association, the AOA Board of Trustees or its subsidiaries 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~~ prescribed by doctors of optometry, or used directly on patients or in patient care.

1983
(3 of 2012)

SHARING OF NET PROFITS GENERATED FROM AOA-
~~PROVIDED INTERNET-BASED~~ VIRTUAL 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~~ virtually; 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~~ virtually be shared equally between the AOA and the Affiliate of which the doctor of optometry taking the ~~internet-based~~ virtual course is an Active Member or, in the case of a non-member doctor of optometry, between the AOA and the Affiliate representing the billing address provided by the non-member doctor of optometry.

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 AOA urges 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 AOA recommends ~~an optometric evaluation~~ comprehensive eye examination 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 vision ~~optometric rehabilitation~~ services.

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)~~ support and utilization of the American Optometric Association’s eye health awareness marketing and public relations efforts, including the national Eye Deserve More initiative.

2014
(1 of 2022)
(Mod. 2023)

SUPPORT FOR STUDENT ATTENDANCE AT AOA+ AND OTHER AOA AND AOA AFFILIATE ASSOCIATION EVENTS

WHEREAS, in 2017, over 2,300 optometry students traveled to Washington D.C. to attend the inaugural AOA+ event during Optometry’s Meeting; and

WHEREAS, the 2017 AOA+ event provided student members with the experience of making a difference for the profession of optometry by advocating at our nation’s capital; and

WHEREAS, as of 2022, a majority of students and doctors participating in 2017 AOA+ continue their membership, a resounding marker of success and an indicator that AOA achieved meaningful and ongoing engagement with this important audience; and

WHEREAS, AOA and AOSA ~~are providing~~ provided travel grants to approximately 2,500 students, recent graduates, and educators to defray the cost of attendance; at 2023 AOA+ at Optometry’s Meeting in Washington, D.C.; and

WHEREAS, a goal of the 2023 AOA+ event ~~is~~ was to further engage optometric faculty to help reinforce the value provided by AOA and AOA affiliated associations to optometric educational institutions, educators, and students; ~~now therefore be it~~ and

WHEREAS, a goal of the 2026 AOA+ event is to empower the next generation of optometry’s leaders and is an immersive experience in

career development, skill building, networking and advocacy; now therefore be it

RESOLVED, that the AOA calls upon all AOA affiliated associations to encourage attendance at future AOA+ events to demonstrate the value of lifelong membership in the AOA to all student members and new doctors of optometry; and be it further

RESOLVED, that the AOA urges optometric educational institutions and their faculty to accommodate student attendance at future AOA+ and other important AOA and AOA affiliate association meetings; and be it further

RESOLVED, that the AOA expresses its sincere appreciation to those organizations and entities that recognize optometry's essential and expanding role in healthcare and encourage career-long involvement in the advancement of the profession by endorsing the AOA+ Pledge and publicly stating their support for 2023~~6~~ AOA+.