

MOTION 1

Continue Without Modification as active policy pronouncements the following 24 resolutions and 2 substantive motions:

NO:	RESOLUTION TITLE:
769	RELATIONSHIP WITH OPHTHALMOLOGY
1390	SAVE YOUR VISION MONTH
1391	COOPERATION WITH STATE AGENCIES RE MOTORISTS' VISION AND HIGHWAY SAFETY
1472	SCHOOLS AND COLLEGES OF OPTOMETRY URGED TO FURTHER DEVELOP AND EXPAND RESEARCH
1705	DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS
1713	WORKFORCE RATIOS
1777	MOTORISTS VISION AND HIGHWAY SAFETY RESEARCH
1813	VISIBILITY OF MOTOR VEHICLES
1861	VISION TESTING FOR DRIVERS LICENSE RENEWAL
1863	READY-TO-WEAR READING GLASSES
1865	VISION USA

1922	OPTOMETRIC INPUT IN THE ESTABLISHMENT OF TELEMEDICINE PROTOCOLS
1949	THE AMERICAN OPTOMETRIC ASSOCIATION TO AID THE ASSOCIATION OF SCHOOLS AND COLLEGES OF OPTOMETRY TO ATTRACT QUALIFIED STUDENTS
1954	OPTOMETRIC EDUCATOR MEMBERSHIP CLASS
1975	DRUG EVALUATION AND CLASSIFICATION PROGRAM
1980	REQUIREMENTS FOR LICENSE RENEWAL
1989	EYE HEALTH AND VISION CARE TELEHEALTH SERVICES
1990	PUBLIC AWARENESS
1991	EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES
2002	REFORM OF NATIONAL LICENSING EXAMINATION CONTENT
2003	REFORM OF NATIONAL LICENSING EXAMINATION ADMINISTRATION
2005	VOLUNTARY MIPS PARTICIPATION AND USING AOA MORE TO REPORT MIPS DATA
2006	MIPS ACTIVITY CREDIT
2008	SUPPORT FOR THE AMERICAN OPTOMETRIC STUDENT ASSOCIATION

NO:	MOTION TITLE:
M-2011-2	STANDARDS OF PROFESSIONAL CONDUCT
M-2012-3	AOA BOARD OF TRUSTEES TO CONTINUE TO REFINE A MODEL OF CE ACCREDITATION

MOTION 2

Delete As Having Been Executed the following 2 resolutions:

NO:	RESOLUTION TITLE:
1973	THE CHILD PROJECT™ AND SENIOR SAFETY NET™ IDENTIFICATION SYSTEM
1986	OPTOMETRIC CONTINUING EDUCATION ACCREDITATION

MOTION 3

Delete As Obsolete the following 5 resolutions:

NO:	RESOLUTION TITLE:
1867	SECOND OPINIONS REGARDING CATARACT SURGERY
1913	ETHICS COMMITTEE*
1923	EYE AND VISION CARE FOR EVERY CHILD**
1960	PATIENTS BENEFIT FROM OPTOMETRIC PROFESSIONALISM
1962	SUPPORT OF OPTOMETRY GIVING SIGHT

*Text from "ETHICS COMMITTEE" will be placed at the end of Res. No 1883, "STANDING COMMITTEE DEALING WITH ETHICS AND VALUES OF OPTOMETRIC CARE AND SERVICES."

**Text from "EYE AND VISION CARE FOR EVERY CHILD" will be placed at the end of Res. No. 1981, "COMPREHENSIVE VISION CARE SERVICES FOR INFANTS AND CHILDREN."

MOTION 4

Remove and Place In The Archives as a historical record the following 14 resolutions and 1 substantive motion from the list of active policy pronouncements:

NO:	RESOLUTION TITLE:
328	SCOPE OF PROFESSIONAL OPTOMETRY
928	PROMOTE AND ENCOURAGE FINANCIAL AID TO OPTOMETRIC EDUCATIONAL INSTITUTIONS AND RESEARCH
1139	AOA TO COOPERATE WITH NATIONAL ORGANIZATIONS IN THE FIELDS OF EYE AND VISION CARE
1798	GOVERNMENTAL HEALTH CARE PROGRAMS
1817	HIGH BLOOD PRESSURE DETECTION
1827	CONTACT LENSES IN THE WORKPLACE
1844	BILLING TO THIRD PARTY INSURANCE PLANS
1852	HIV AND AIDS RESEARCH
1854	TORT REFORM
1898	HEPATITIS B (HBV) INFECTIONS
1904	EDUCATION IN ETHICS

1940	SUPPORT OF THE WORLD HEALTH ORGANIZATION VISION 2020 – THE RIGHT TO SIGHT
1978	HEALTHY PEOPLE 2020
1998	TO ESTABLISH A NEW ENTITY TO ACCREDIT PROVIDERS OF OPTOMETRIC CONTINUING EDUCATION

NO:	MOTION TITLE:
M-2009-2	BOARD CERTIFICATION

MOTION 5

Continue with Modification the following 36 resolutions as active policy pronouncements:

[NOTE: Wording to be deleted is lined-out; wording to be added is underscored].

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 (AOA), with an established code of ethics, is a membership organization of optometrists-doctors of optometry 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~~AOA 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, AOA,~~ 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~~AOA 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 American Optometric Association Board of Trustees in the course of their duties; and

WHEREAS, all individuals serving as volunteers and elected officials of ~~the American Optometric Association~~AOA, including members of the AOA 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 [AOA](#) 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 an [American Optometric Association](#) 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 [AOA](#) Board of Trustees, consistent with governing law, is empowered to temporarily suspend from any discussion or vote an [AOA](#) 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 [AOA](#) Board of Trustees shall develop and implement policies to carry out the principles of this Resolution, including the reporting of matters by the [AOA](#) 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 [AOA](#) Board of Trustees and each volunteer of ~~the American Optometric Association~~ [AOA](#) 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 [AOA](#) 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~~ [AOA](#); and be it further

RESOLVED, that, prior to election, a candidate for the ~~American Optometric Association~~ [AOA](#) 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 [AOA](#) 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 [AOA](#) Board of Trustees for final action on any recommendations.

663
(17 of 1945)
(Mod. 1985)

~~COPYRIGHTED-AMERICAN OPTOMETRIC ASSOCIATION AOA INTELLECTUAL PROPERTY MATERIAL~~

RESOLVED, that ~~important material~~ [intellectual property](#) ~~printed~~ [created](#) or published by the American Optometric Association be ~~properly~~ protected by copyright [or trademark](#).

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

[AMERICAN OPTOMETRIC ASSOCIATION AOA REPRESENTATIVES TO MAKE REGULAR VISITS TO ACTIVELY ENGAGE WITH STUDENTS AT ALL SCHOOLS AND COLLEGES OF OPTOMETRY](#)

WHEREAS, ~~the visitation to~~ [active engagement with](#) ~~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 [American Optometric Association](#) 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~~ [AOA](#) to each school or college of optometry for the purpose of [appearing before encouraging active engagement with](#) the student body and explaining ~~to them~~ the

advantages of belonging to ~~organized optometry the only organization group~~ representing the entire profession of optometry.

1465
(1 of 1962)

CORPORATE TITLE AND SEAL OF THE AMERICAN OPTOMETRIC ASSOCIATION AOA

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

RESOLVED, that the name "American Optometric Association" or the initials "AOA" or the corporate 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 AOA.

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 d~~Doctors of ~~o~~Optometry 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 d~~Doctors of ~~o~~Optometry 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 are urged to take any and all steps necessary to amend the applicable laws and regulations

to require equal reimbursement to participating ~~optometrists~~
~~d~~Doctors of ~~o~~Optometry 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~~ doctors of optometry and state
associations have sought guidance from the American Optometric
Association concerning the ethical relationship of doctors of
optometry ~~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~~ AOA
declares that it is ethical for ~~doctors of optometry~~ 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; and be it further

RESOLVED, that doctors of optometry be recognized ~~in~~ and
referred to in all applicable state statutes and regulations as
“Doctor” or “Physician.”

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 and
third party payers, 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.

1795
(8 of 1977)
(Mod. 2010)
(Mod. 2015)

CONSUMER PUBLIC AND PATIENT 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~~ strategic public and patient information program, emphasizing the professional skills and services ~~d~~Doctors of ~~o~~Optometry provide, and to educate the public as to what constitutes appropriate eye health and vision care, while dispelling inaccurate information.

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 (AOA) 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 ~~d~~Doctors of ~~o~~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~~ AOA 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.

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

AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI) OPTHALMIC PRODUCT AND INSTRUMENT STANDARDS

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

(Mod. 2015)

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 ~~the American Optometric Association~~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 Z80.5 – 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:

[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](#)

[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 \(Racquetball, Squash, Tennis\)](#)

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

SUPPORT OF OPTOMETRIC RESEARCH

WHEREAS, the American Optometric Association (AOA) 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~~AOA reaffirms its commitment to research that:

- advances understanding of eye diseases and conditions, clinical approaches to evaluation and treatment, comorbid eye and systemic health conditions, evidence-based best practices in eye and vision care, and population-specific care;
- involves knowledge discovery in the areas of health services research related to health outcomes, comparative effectiveness, science of health care delivery, health economics, health policy, and health information technology/health informatics;
- reduces the negative impacts of vision impairment across the lifespan, among targeted populations, and/or across the eye and vision care continuum;
- compares health-related factors and findings of ill-defined ‘vision screenings’ and comprehensive eye care, assesses telehealth applications in eye care, and examines the benefits of preventive eye care as related to the nation’s overall health; and
- investigates eye care related to public health including, but not limited to, health and public policy, community outreach, preventive and/or collaborative care, determinants of health, health disparities, and population health in the U.S.; and
- knowledge discovery in basic, clinical, and/or translational science relative to the eye and visual system that advances population health and including research with emphasis on specific ocular and visual system disease(s)/condition(s); 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.

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~~ doctor of optometry or ophthalmologist licensed to do so pursuant to state law; now therefore be it

RESOLVED, that the American Optometric Association calls for the adoption and enforcement of laws or regulations prohibiting the sale of contact lenses directly to the consumer without a proper, unexpired prescription issued by ~~an eye doctor~~ doctor of optometry or ophthalmologist licensed to do so pursuant to state law.

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

PRE AND POST OPERATIVE CARE

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

WHEREAS, doctors of optometry~~optometrists~~ provide quality, convenient and cost-effective pre and post-operative ~~quality~~ care; and

WHEREAS, doctors of optometry~~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 doctors of optometry~~optometrists~~; and be it further

RESOLVED, that ~~the American Optometric Association~~AOA reaffirms 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~~AOA pursues ongoing action to ensure that doctors of

[optometry](#)~~optometrists~~ continue to provide pre and post-operative care within the scope of their license as authorized by state law.

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 now therefore be it~~

~~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.

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, [doctors of optometry](#)~~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~~ [doctor of optometry](#) 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 ~~d~~Doctors of ~~o~~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 other doctors of optometry ~~optometrists~~ and other professionals to maximize the child's growth, development and academic success.

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, an in-person comprehensive _eye health and vision evaluation by an optometrist ~~doctor of optometry~~ or ophthalmologist is necessary for the early diagnosis and treatment of ocular diseases; and

WHEREAS, an in-person comprehensive _eye health and vision evaluation by an optometrist ~~doctor of optometry~~ 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 an in-person comprehensive _eye health and vision evaluation; and

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

WHEREAS, a refraction without an in-person 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 an in-person comprehensive eye examination by or under the direct supervision of an optometrist doctor of optometry 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 in-person 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.

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 dDoctors of oOptometry; and

WHEREAS, every currently licensed dDoctor of oOptometry 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 ~~d~~Doctors of ~~o~~Optometry by some form of endorsement has worked effectively in ~~nearly half the many~~ 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~~AOA 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 ~~d~~Doctors of ~~o~~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~~AOA

encourages all affiliated associations to adopt a similar resolution.

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 health plans](#) as a major force in the organization and financing of health care; now therefore be it

RESOLVED, that the [American Optometric Association](#) Board of Trustees ~~of the American Optometric Association~~ take appropriate actions to help gain optometric representation within appropriate accrediting entities.

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 [and Performance](#) Vision ~~Committee 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, the American Academy of Pediatrics and the American Academy of Ophthalmology “strongly recommend protective eyewear for all participants in sports in which there is risk of eye injury.”

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 doctor of optometry~~optometrist~~'s role in preventing sports-related eye injuries includes addressing an 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~~AOA 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~~AOA encourages the affiliated associations to follow the lead of other states and to seek the enactment of legislation requiring children to wear sports protective eyewear during those activities where there is a risk for eye injury.

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~~ doctor of optometry ~~or an ophthalmologist~~.

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, in-person 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~~ 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, ~~doctors of optometry~~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 (AOA), the organization that represents the greatest number of primary eye care providers in the nation, supports periodic, in-person comprehensive eye examinations for all Americans; now therefore be it

RESOLVED, that ~~the American Optometric Association~~ AOA 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).

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~~ now therefore be it

~~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 an in-person comprehensive eye examination to assess visual functioning with correction; and be it further

RESOLVED, ~~the American Optometric Association~~ AOA 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.

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~~ Membership Department.

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 (AOA) recommends comprehensive in-person eye examinations by ~~an eye doctor~~ a doctor of optometry for all children; and be it further

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

RESOLVED, that ~~the American Optometric Association~~AOA 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~~ [doctor of optometry](#) for an [in-person](#) comprehensive eye examination; and be it further

RESOLVED, that ~~the American Optometric Association~~ [AOA](#) 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 of optometry](#) to assure such referrals have indeed been completed.

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~~ [the](#) 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 ~~doctors of optometry~~ [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 a doctor of optometry ~~an optometrist~~, Dr. Melvin Shipp of Ohio, served as APHA President; and

WHEREAS, ~~all the current American Optometric Association~~ AOA ~~officers Board Members and trustees~~ are members of the APHA; now therefore be it

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

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) 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 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; 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; ~~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.~~

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 ~~d~~Doctors of ~~o~~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 ~~d~~Doctors of ~~o~~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 ~~d~~Doctors of ~~o~~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~~ American Optometric Association 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.

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 professionals²²; 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 ~~doctors of optometry~~~~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 ~~d~~Doctors of ~~o~~Optometry at all educational courses offered at Academy meetings.

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~~ 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~~ 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~~ 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 (AOA) 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~~ AOA supports 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, the data show that, the Think About Your Eyes campaign has resulted in approximately 8,000,000 Americans seeking eyecare who otherwise would not have done so or would have delayed care; 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~~
WHEREAS, a significant number of those approximately 8,000,000

in-person 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.

2004
(7 of 2018)

NOMINATING COMMITTEE APPOINTMENTS

WHEREAS, Article II, Section 7 of the [American Optometric Association \(AOA\)](#) 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 [American Optometric Association](#) 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 affiliated associations that appointees to the Nominating Committee be past presidents or current board members of their associations.

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 [in-person](#) 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 [in-person](#) 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-American Optometric Association](#) 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~~ [AOA](#) calls upon its members to use TAYE's resources to encourage patients to seek [in-person](#) comprehensive eye examinations.

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~~ nearly \$1,000,000 in assistance to ~~d~~Doctors of ~~o~~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 ~~d~~Doctors of ~~o~~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~~ American Optometric Association applauds the success of the OFDR program and the ~~d~~Doctors of ~~o~~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 ~~d~~Doctors of ~~o~~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.

MOTION 6

Continue with Modification – non-substantive changes the following 73 resolutions as active policy pronouncements:

[NOTE: Wording to be deleted is lined-out; wording to be added is underscored].

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 AMERICAN OPTOMETRIC ASSOCIATION BOARD OF TRUSTEES

WHEREAS, the House of Delegates or the American Optometric Association 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~~AOA 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 AOA 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 AOA 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 [AOA](#) 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 [AOA](#) 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 [doctors of optometry 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 [doctors of optometry optometrists](#); and be it further

RESOLVED, that the ~~American Optometric Association~~ [AOA](#) offers 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 [doctors of optometry](#)~~optometrists~~ and ophthalmologists.

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 [American Optometric Association](#) 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.

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 doctor of optometry](#) 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~~[AOA](#) 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~~[AOA](#) 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.

1646
(10A of 1969)
(Mod. 2015)

PUBLIC HEALTH CAREERS

RESOLVED, that there be broadly-based career path programs developed for ~~d~~[D](#)octors of ~~o~~[O](#)ptometry 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 ~~d~~[D](#)octors of ~~o~~[O](#)ptometry to enter the field of public health.

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

PROFESSIONAL SUPERVISION OF DOCTORS OF OPTOMETRY OPTOMETRISTS WITHIN INSTITUTIONAL AND CLINICAL FACILITIES

RESOLVED, that all professional services provided by dDoctors of oOptometry 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 dDoctors of oOptometry.

1686
(2A of 1972)
(Mod. 1985)
(Mod. 2005)
(Mod. 2015)

STATUS OF CIVIL SERVICE DOCTORS OF OPTOMETRY OPTOMETRISTS

WHEREAS, doctors of optometry optometrists in civil service have contributed greatly to 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 doctors of optometry 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 [doctors of optometry](#) ~~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](#) ~~AOA~~ 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](#) ~~AOA~~ 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.

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~~ [AOA](#) 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.

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 ~~dD~~octor of ~~o~~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 ~~dD~~octor of ~~o~~Optometry is a primary care provider in the health care delivery system and the principal provider of primary eye care.

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~~AOA makes 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)

SUPPORT OF AOA-PAC

RESOLVED, that the American Optometric Association urges

(Mod. 2015)

every member ~~optometrist~~ doctor of optometry to actively support AOA-PAC, to make voluntary contributions to AOA-PAC and to encourage their fellow doctors of optometry ~~optometrists~~ and others to make similar contributions; and be it further

RESOLVED, that ~~the American Optometric Association~~ AOA 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 ~~d~~ o ~~D~~ pt ~~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 ~~d~~ o ~~D~~ pt ~~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~~ AOA be requested to provide each other with the information required to assure maximum optometric participation in federal/state health programs.

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~~[AOA](#) 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 [doctors of optometry](#) ~~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 ([AOA](#)) House of Delegates has prohibited smoking in the House of Delegates; now therefore be it

RESOLVED, that ~~the American Optometric Association~~[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 ~~the American Optometric Association~~[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.

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 ~~doctors of optometry-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 ([AOA](#)) includes the recognition of ~~doctors of optometry~~[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~~ [AOA](#) 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~~ [AOA](#) 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 ~~d~~Doctors of ~~o~~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~~ [AOA](#) endorses the right of the affiliated associations to pursue changes in state legislation and regulations which provide ~~d~~Doctors of ~~o~~Optometry the right to practice the full scope of optometry based on their education, training and experience.

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~~ AOA affirms the responsibility of the ~~optometrist~~ doctor of optometry in the management of vision conditions which relate to learning and the rehabilitation of such patients.

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 sensorimotor 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 doctor of optometry ~~optometrist~~ or ophthalmologist, is contrary to the best interests of the public.

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

CORTICAL VISION IMPAIRMENT TERMINOLOGY

WHEREAS, the American Optometric Association (AOA) 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-doctors of optometry 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~~ AOA 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~~ AOA 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~~ AOA 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.

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 [doctors of optometry](#) ~~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 [doctor of optometry](#) ~~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 AOA](#) 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, [doctors of optometry](#)~~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.

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~~ doctors of optometry; 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~~ doctors of optometry in all health care programs that include medical and/or vision services, including those subject to the Employee Retirement Income Security Act (ERISA).

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 (AOA) supports the interdisciplinary approach to low vision rehabilitation; and

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

WHEREAS, doctors of optometry~~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~~ [AOA](#) informs the public about the benefits of low vision rehabilitation; and be it further

RESOLVED, that ~~the American Optometric Association~~ [AOA](#) 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~~ [AOA](#) encourages ~~doctors of optometry~~ [optometrists](#) to continue to provide, co-manage, or refer every individual with visual impairment for appropriate optometric low vision rehabilitation.

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](#) ~~doctor of optometry~~.

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

PROTECTION FROM SOLAR RADIATION

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

(Mod. 2015)

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 ([AOA](#)) urges 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~~[AOA](#) cooperates 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~~[AOA](#) urges the education of the public to dangers of exposure to solar radiation and of the benefits of protection from solar radiation.

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~~ [AOA](#) Board of Trustees be requested to provide encouragement and assistance to the affiliated associations for the VISION USA project.

1869
(12 of 1989)
(Mod. 1995)
(Mod. 2000)
(Mod. 2015)

OPTOMETRIC HOSPITAL PRIVILEGES

WHEREAS, ~~doctors of optometry~~[optometrists](#) are primary health care providers; and

WHEREAS, ~~doctors of optometry~~[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, ~~doctors of optometry~~[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 ~~doctor of optometry~~[optometrist](#) during a hospital visit; and

WHEREAS, Medicare has recognized ~~doctors of optometry~~[optometrists](#) as qualified to provide eye health and vision services in Medicare certified hospitals; now therefore be it

RESOLVED, that the American Optometric Association ([AOA](#)) promote and support the attainment of hospital privileges by ~~doctors of optometry~~[optometrists](#); and be it further

RESOLVED, that the ~~American Optometric Association~~AOA educates the public about the role of the ~~optometrist~~ doctor of optometry 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~~ doctors of optometry primary health care providers; and

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

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

WHEREAS, ~~optometrists~~ doctors of optometry 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~~ doctors of optometry 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, ~~d~~Doctors of ~~o~~Optometry are primary health care providers; and

WHEREAS, ~~d~~Doctors of ~~o~~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 AOA](#) urge that all state catastrophic health care programs include [dDoctors of oOptometry](#) 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 AOA](#) 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, [dDoctors of oOptometry](#) 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 [doctors of optometryoptometrists](#), 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~~[AOA](#) 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, ~~doctors of optometry~~[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 ([AOA](#)) 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~~[AOA](#) 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~~[AOA](#) urges all ~~doctors of optometry~~[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~~[AOA](#) 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~~[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~~[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~~[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 ~~the American Optometric Association~~[AOA](#) continues to support optometric assistants and technicians through the Paraoptometric Resource Center and through liaison with the Commission on Paraoptometric Certification.

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 [doctors of optometry](#)~~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~~ [doctor of optometry](#) in a manufacturer's advertising, promotional and/or research program involving the prospect of personal inducements to the ~~optometrist~~ [doctor of optometry](#) from a manufacturer.

1888
(7 of 1991)
(Mod. 2000)
(Mod. 2015)

OPTOMETRIC PARTICIPATION IN INVESTIGATIONAL
PHARMACEUTICAL STUDIES

WHEREAS, [doctors of optometry](#)~~optometrists~~ are trained and educated to utilize prescription pharmaceutical agents; and

WHEREAS, [doctors of optometry](#)~~optometrists~~ have been given the statutory authority in all states to utilize pharmaceutical agents for diagnostic and therapeutic purposes; and

WHEREAS, [doctors of optometry](#)~~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 [doctors of optometry](#) 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~~ [AOA](#) give these strategies and programs a high priority.

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, ~~d~~Doctors of ~~o~~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~~[AOA](#) 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 ~~d~~Doctors of ~~o~~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.

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~~[AOA](#) supports ~~d~~Doctors of ~~o~~Optometry as professional consultants in the use of HGN field sobriety testing.

1906
(3 of 1994)
(Mod. 2015)

ANTITRUST COMPLIANCE

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

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

WHEREAS, ~~the American Optometric Association~~AOA 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~~AOA 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~~AOA encourages the adoption of an antitrust compliance program by all of the affiliated associations.

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~~AOA embrace the principles of integrity and trust; and

WHEREAS, ~~the American Optometric Association~~AOA continues to recognize that officers, trustees and other volunteers of ~~the American Optometric Association~~AOA 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, ~~AOA~~~~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~~AOA, including the American Optometric Association

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

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

RESOLVED, that no person shall hold an elected or appointed position within the [American Optometric Association AOA](#) 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 AOA](#).

1918
(3 of 1996)
(Mod. 2019)

[AMERICAN OPTOMETRIC ASSOCIATION 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 [American Optometric Association](#) 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.

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 ~~d~~Doctors of ~~o~~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~~AOA strongly encourages the affiliated associations to seek the adoption of similar state legislation.

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 [doctors of optometry](#)~~optometrists~~ within that state to retake the “National Boards” at any time; and

WHEREAS, the requirement in some states that [doctors of optometry](#)~~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~~[AOA](#) 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 ([AOA](#)) 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~~[AOA](#) 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 ([AOA](#)) reiterates its time-honored principle of appropriate professional care for all patients; and be it further

RESOLVED, that ~~the American Optometric Association~~[AOA](#), as a

matter of ethical concern, strongly encourages all practicing [doctors of optometry](#) 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.

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 [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.

1944
(2 of 2002)
(Mod. 2015)

OPTOMETRIC HEALTH PROMOTION AND DISEASE PREVENTION

WHEREAS, the American Optometric Association ([AOA](#)) 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 [doctors of](#)

[optometry](#)[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~~[AOA](#) recommends that the affiliated associations and all [doctors of optometry](#)[optometrists](#) continue to promote the health and visual welfare of all Americans through primary, secondary and tertiary levels of prevention.

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~~[AOA](#) 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 ~~d~~[Doctors of](#) ~~o~~[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~~[AOA](#) encourages all ~~d~~[Doctors of](#) ~~o~~[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.

1955
(2 of 2004)
(Mod. 2015)

ADVANCE ACCESS TO ~~AOA-AMERICAN OPTOMETRIC ASSOCIATION~~ CONGRESS INFORMATION

RESOLVED, that the ~~AOA-American Optometric Association~~ ([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.

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~~[AOA](#) 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 ([AOA](#)) 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~~AOA encourages its members and affiliated organizations to join with the National Rural Health Association and its state and affiliated 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.

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~~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~~AOA strives to ensure that public policy related to eye and vision care will uniformly recognize ~~doctors of optometry~~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~~AOA 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 ~~doctors of optometry~~optometrists; and be it further

RESOLVED, that ~~the American Optometric Association~~AOA strongly encourages the government of every Sovereign Nation to recognize the authority of ~~doctors of optometry~~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 [doctors of optometry](#)~~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](#) ~~doctor of optometry~~ 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.

1974

OBESITY IN CHILDREN AND ADOLESCENTS

(2 of 2009)
(Mod. 2015)

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, ~~doctors of optometry~~[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~~[AOA](#) 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.

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~~ doctor of optometry taking the internet-based course is an Active Member or, in the case of a non-member ~~optometrist~~ doctor of optometry, between the AOA and the Affiliate representing the billing address provided by the non-member ~~optometrist~~ doctor of optometry.

1984
(1 of 2013)

LICENSE RENEWAL REQUIREMENTS

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

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

WHEREAS, ~~d~~Doctors of ~~o~~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~~ 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 ~~the American Optometric Association~~ AOA recommends 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.

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 ~~d~~Doctors of ~~o~~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 ~~d~~Doctors of ~~o~~Optometry is a public health priority for the American Optometric Association (AOA); and

WHEREAS, the AOA recognizes that technology can help ~~d~~Doctors of ~~o~~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 dDoctor of oOptometry; 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.

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, dDoctors of oOptometry 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 dDoctors of oOptometry 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.

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 AOA](#) 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.

1999
(1 of 2018)

[AMERICAN OPTOMETRIC ASSOCIATION 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 [American Optometric Association 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, ~~d~~Doctors of ~~o~~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 [American Optometric Association](#) 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~~doctors of ~~O~~optometry, supports the expanding role in health care by ~~d~~Doctors of ~~o~~Optometry, including training and licensure to prescribe and dispense controlled substances in the course of professional practice; and

WHEREAS, ~~d~~Doctors of ~~o~~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 ~~d~~Doctors of ~~o~~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.

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 [doctors of optometry](#)~~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.

2011
(7 of 2019)

TO AMEND RESOLUTION #1918, “[AMERICAN OPTOMETRIC ASSOCIATION](#) 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 ~~d~~Doctors of ~~o~~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 ~~d~~Doctors of ~~o~~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 [American Optometric Association](#) Board of Trustees ~~of the American Optometric Association~~ continues to explore additional ways to assist the affiliated associations in initiatives to expand or defend their optometric practice acts.

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

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

WHEREAS, dDoctors of oOptometry 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 dDoctors of oOptometry 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 dDoctors of oOptometry 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 [d](#)octors of [o](#)ptometry who provide that care.

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

MOTION 7

Combine resolution 1913 into resolution 1883 and continue with modification resolution 1883 as an active policy pronouncement:

[Note: wording to be deleted is ~~lined out~~; wording to be added is underscored].

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 ~~maintain~~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~~AOA House of Delegates.

RESOLVED, that the affiliated associations of AOA 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 AOA 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.

MOTION 8

Combine resolution 1923 into resolution 1981 and continue with modification resolution 1981 as an active policy pronouncement:

[Note: wording to be deleted is ~~lined-out~~; wording to be added is underscored].

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 problem¹, 79% have not visited an eye care provider in the past year², 35% have never seen an eye care professional³; 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, doctors of optometry~~optometrists~~ are the primary eye health and vision care providers in the nation; now therefore be it

RESOLVED, that the American Optometric Association supports an in-person comprehensive vision and eye health examination as the

foundation for eye care services; and be it further

RESOLVED, that ~~the American Optometric Association~~AOA recommends that all children have an in-person 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, at least once between ages 3 and 5, before first grade, and annually thereafter;~~ and be it further

RESOLVED, that the ~~American Optometric Association~~AOA inform the public of the need to have infants' and children's eyes examined as recommended by their family ~~optometrist~~doctor of optometry; and be it further-

RESOLVED, that the American Optometric Association~~AOA~~ encourages ~~d~~Doctors of o~~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.

1. Kleinstejn, RN et al. Refractive error and ethnicity in children. Arch Ophthalmol 2003; 121:1141-1147.

2. Centers for Disease Control and Prevention. Visual impairment and use of eye-care services and protective eyewear among children – United States, 2002. MMWR 2005; 54:425-429.

3. The Vision Care Institute. Americans' Attitudes and Perceptions about Vision Care. Conducted by Harris Interactive on behalf of The Vision Care Institute™ of Johnson & Johnson Vision Care, Inc., 2006.

4. Joint Statement of the 2011 School Readiness Summit: Focus on Vision