MOTION 6

Continue with Modification – non-substantive changes the following 71 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 d~~D~~octors of o~~O~~ptometry 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 d~~D~~octors of o~~O~~ptometry 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 d~~D~~octors of o~~O~~ptometry.

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.

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 d~~D~~octor of o~~O~~ptometry 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 d~~D~~octor of o~~O~~ptometry 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)
(Mod. 2015)

SUPPORT OF AOA-PAC

RESOLVED, that the American Optometric Association urges 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~~D~~octors of o~~O~~ptometry in federal/state health programs, and that such coverage should include a freedom of choice provision; and be it further

RESOLVED, that d~~D~~octors of o~~O~~ptometry 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~~D~~octors of o~~O~~ptometry 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~~D~~octors of o~~O~~ptometry 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 sensorim~~y m~~otor 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.

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~~D~~octors of o~~O~~ptometry 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 a~~n~~ ~~optometrist~~doctor of optometry.

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

PROTECTION FROM SOLAR RADIATION

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

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

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

WHEREAS, High Energy Visible (HEV) light, also known as blue light, has been linked to age related macular degeneration; and

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

RESOLVED, that the American Optometric Association (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~~D~~octors of o~~O~~ptometry are primary health care providers; and

WHEREAS, d~~D~~octors of o~~O~~ptometry 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 d~~D~~octors of o~~O~~ptometry 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, d~~D~~octors of o~~O~~ptometry 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 optometry~~optometrists~~, physicians, and/or other health care providers for consultation or treatment purposes is often in the best interest of the patient; and

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

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

RESOLVED, that the ~~American Optometric Association~~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 develops 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~~optometrists~~ as principal investigators in investigational pharmaceutical studies.

1895
(5 of 1992)
(Mod. 2015)

OPTOMETRIC INCLUSION IN MANAGED CARE

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

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

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

RESOLVED, that the American Optometric Association develop strategies and programs which will ensure that Doctors of Optometry are included at the primary entry point of managed care; and be it further

RESOLVED, that the ~~American Optometric Association~~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~~D~~octors of o~~O~~ptometry, 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~~D~~octors of o~~O~~ptometry, 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~~D~~octors of o~~O~~ptometry 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

DOCTOR/PATIENT COMMUNICATIONS IN MANAGED

(5 of 1996)
(Mod. 2015)

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~~D~~octors of o~~O~~ptometry, 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~~optometrists~~ to be cognizant of the potential for bias in patient care based upon health, gender, age, ethnicity, race, financial status or any other patient characteristic.

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~~optometrists~~ encourage their paraoptometric staff to become Associate Members and to obtain appropriate certification through the CPC; and be it further

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

1944
(2 of 2002)
(Mod. 2015)

OPTOMETRIC HEALTH PROMOTION AND DISEASE PREVENTION

WHEREAS, the American Optometric Association (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~~D~~octors of o~~O~~ptometry, 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~~D~~octors of o~~O~~ptometry, 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
(2 of 2009)

OBESITY IN CHILDREN AND ADOLESCENTS

(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~~D~~octors of o~~O~~ptometry play an integral role in the healthcare system; and

WHEREAS, d~~D~~octors of o~~O~~ptometry 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~~D~~octors of o~~O~~ptometry are educated and trained to diagnose and manage visual and ocular sequelae related to brain injuries, including concussions; and

WHEREAS, d~~D~~octors of o~~O~~ptometry 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~~D~~octors of o~~O~~ptometry 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~~D~~octors of o~~O~~ptometry is a public health priority for the American Optometric Association (AOA); and

WHEREAS, the AOA recognizes that technology can help d~~D~~octors of o~~O~~ptometry 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 d~~D~~octor of o~~O~~ptometry; 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, d~~D~~octors of o~~O~~ptometry 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 d~~D~~octors of o~~O~~ptometry 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~~D~~octors of o~~O~~ptometry 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~~D~~octors of o~~O~~ptometry, including training and licensure to prescribe and dispense controlled substances in the course of professional practice; and

WHEREAS, d~~D~~octors of o~~O~~ptometry, 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~~D~~octors of o~~O~~ptometry 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~~D~~octors of o~~O~~ptometry 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~~D~~octors of o~~O~~ptometry; 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.

2012
(8 of 2019)

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

WHEREAS, dedicated d~~D~~octors of o~~O~~ptometry across our nation provide outstanding services to America's veterans through in-person comprehensive eye health and vision care; and

WHEREAS, d~~D~~octors of o~~O~~ptometry 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 d~~D~~octors of o~~O~~ptometry 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 d~~D~~octors of o~~O~~ptometry 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 dDoctors of oOptometry who provide that care.

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