

MOTION 5

Continue with Modification the following 35 resolutions as active policy pronouncements:

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

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 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~~ dDoctors of oOptometry 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~~ dDoctors of oOptometry 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~~ dDoctors of oOptometry 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)
(Mod. 2015)

~~AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI)~~
OPHTHALMIC 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

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)

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~~

(Mod. 2015)

~~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~~ a 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 ~~d~~Doctors of ~~o~~Optometry; and

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

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

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

WHEREAS, if the board of optometry determines that a candidate's credentials do not sufficiently meet state standards, it may stipulate additional requirements prior to granting licensure by endorsement; and

WHEREAS, the process of granting licensure to ~~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 s 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~~ [a 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 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 (NASSEM) in its 2016 report, "Making Eye Health a

Population Health Imperative: Vision for Tomorrow,” concludes that “to cultivate professional relationships and collaboration that will advance eye and vision health across medicine and beyond clinical care, it will be important to establish common expertise that can align overarching objectives and action among health professionals; and

WHEREAS, ~~the American Optometric Association (AOA) House of Delegates adopted resolution #1960 in 2004, which states in part that “...in all educational relationships with ophthalmologists, the American Optometric Association shall, for the benefit of patients, adhere to the principles of scientific professionalism, the free exchange of medical knowledge, and the ethics of collegiality among health care professionals”~~; and

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

WHEREAS, the American Academy of Ophthalmology continues its policy of excluding ~~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 ~~O~~ptometry working in the Optometry Service program regularly serve as the entrance point for Veterans into the Veterans Health Administration; and

WHEREAS, ~~Doctors~~ doctors of ~~O~~ptometry 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 ~~O~~ptometry 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) ~~OA~~ 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 ~~OA~~ 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 d 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.