SUBJ: FIVE YEAR REVIEW OF RESOLUTIONS AND SUBSTANTIVE MOTIONS

TO: Affiliated Association Presidents, Presidents-Elect, and Executive Directors

FROM: Mitchell T. Munson, O.D., Chair

DIST: Judicial Council, O, T, ED, AED, GC, Ms. Cooper, Group/Center Directors, Section Staff, Museum & Archives

ARTICLE V, Section 2.G. of the AOA Bylaws reads as follows:

G. The Judicial Council shall in 1980 and every five (5) years thereafter study and review all resolutions and all substantive motions expressing the policy of this Association adopted by the House of Delegates then in effect and shall recommend to the House of Delegates, with respect to each such resolution and substantive motion, whether it should continue in effect, whether it should be deleted, or whether it should be modified or amended, and if so, in what form.

In accordance with this provision, the Judicial Council has studied and reviewed the 149 resolutions and the 6 substantive motions which are currently on the books.

The Judicial Council will present 12 separate motions in the House of Delegates in Seattle. For a copy of the full text of all extant resolutions and substantive motions contact Sherry Cooper at slcooper-res@aoa.org. In addition, a copy will be available on-site in the House of Delegates Staff Office.

The following motions propose that the House of Delegates:
Motion 1

**Continue Without Modification** as active policy pronouncements the following 55 resolutions and 3 substantive motions:

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<td>ENDORSEMENT OF PROCEDURES, INSTRUMENTS, PRODUCTS, BUSINESS ENTITIES, AND AFFINITY PROGRAMS</td>
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<td>1983</td>
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<td>LICENSE RENEWAL REQUIREMENTS</td>
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<td>OPTOMETRIC CARE OF PATIENTS WITH BRAIN INJURIES INCLUDING CONCUSSIONS</td>
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**NO:** **SUBSTANTIVE MOTION TITLE:**

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<thead>
<tr>
<th>NO</th>
<th>TITLE</th>
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<tr>
<td>M-2009-2</td>
<td>BOARD CERTIFICATION</td>
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<td>M-2012-3</td>
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Motion 2

Delete As Having Been Executed the following 2 resolutions and 3 substantive motions:

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<tr>
<th>NO:</th>
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<tbody>
<tr>
<td>1948</td>
<td>HAZARDOUS MATERIAL EDUCATION</td>
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<td>1979</td>
<td>DISSOLUTION OF AFFILIATE LEGAL AND LEGISLATIVE DEFENSE FUND</td>
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<thead>
<tr>
<th>NO:</th>
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<tr>
<td>M-2011-4</td>
<td>ACOE MISSION REPORT TO 2012 HOUSE OF DELEGATES</td>
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<td>M-2012-1</td>
<td>BOARD OF TRUSTEES TO REAFFIRM AND DEFEND THE PHYSICIAN STATUS OF OPTOMETRISTS</td>
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<td>M-2012-2</td>
<td>AMERICAN OPTOMETRIC ASSOCIATION RESPECTFULLY CALLS UPON THE AMERICAN OPTOMETRIC SOCIETY TO JOIN WITH THE AMERICAN OPTOMETRIC ASSOCIATION IN PETITIONING JUDGE TO CORRECT ORDER, AND TO AFFIRM PHYSICIAN STATUS OF DOCTORS OF OPTOMETRY</td>
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</table>
Delete As Obsolete the following 8 resolutions:

<table>
<thead>
<tr>
<th>NO:</th>
<th>RESOLUTION TITLE:</th>
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<tbody>
<tr>
<td>1711</td>
<td>OPTOMETRIC MANPOWER FEDERAL SUPPORT</td>
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<td>1823</td>
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<td>1931</td>
<td>APPROPRIATE CREDENTIALING CRITERIA ORGANIZATIONS</td>
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<td>1947</td>
<td>PROMOTION OF PRESCRIPTION INSERTS</td>
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<tr>
<td>1952</td>
<td>MOBILIZATION EQUITY FOR ARMED FORCES OPTOMETRISTS</td>
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Motion 4

Remove and Place In The Archives as an historical record the following 2 resolutions from the list of active policy pronouncements:

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<tr>
<th>NO:</th>
<th>RESOLUTION TITLE:</th>
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<tbody>
<tr>
<td>756</td>
<td>MEMBERSHIP IN AMERICAN OPTOMETRIC FOUNDATION</td>
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<tr>
<td>1966</td>
<td>COMMISSION ON PARAOPTOMETRIC CERTIFICATION</td>
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Motion 5

Continue with Modification the following 67 resolutions as active policy pronouncements:

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

568  
(52 of 1942)  
MEMBERSHIP DRIVE FOR ORGANIZED OPTOMETRY  
WHEREAS, it is **desirable** to have all eligible optometrists as members of organized optometry; now therefore be it

RESOLVED, that all associations affiliated with the American Optometric Association institute **ongoing and sustainable intensive strategic** membership **marketing initiatives** to drive immediately to enroll all eligible optometrists; and be it further

RESOLVED, that the American Optometric Association **lend all possible offer support and** cooperation to this effort.

653  
(7 of 1945)  
(DMod. 1976)  
(DMod. 1985)  
DIAGNOSIS, TREATMENT AND MANAGEMENT OF THE CONTACT LENS PATIENT  
WHEREAS, the diagnosis, treatment and management of the contact lens patient is an integral part of the practice of optometry; and

WHEREAS, for many years Doctors of Optometry have been in the forefront in the field of research and development of contact lens therapy; and

WHEREAS, the diagnosis, treatment and management of the contact lens patient **is a highly sophisticated procedures requiring the skills of a member of the learned professions**; now therefore be it

RESOLVED, that it is the position of the American Optometric Association that the diagnosis, treatment and management of the contact lens patient be restricted to **optometrists and ophthalmologists** the professions of optometry and medicine.

928  
(9 of 1951)  
(Mod. 1995)  
PROMOTE AND ENCOURAGE FINANCIAL AID TO OPTOMETRIC EDUCATIONAL INSTITUTIONS AND RESEARCH  
WHEREAS, the future practitioners of optometry and their value in public service are dependent upon their education; and

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

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

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

STATES AFFILIATED ASSOCIATIONS URGED TO CREATE OR EXPAND INTERPROFESSIONAL RELATIONS

WHEREAS, it is in the public interest that the various health professions meet and discuss those problems which affect the public health and welfare; and

WHEREAS, many of these problems concern more than one profession; now therefore be it

RESOLVED, that the Board of Trustees of the American Optometric Association take such steps as may be necessary to create or expand interprofessional relations with all the professions or groups concerned with the public health and welfare; and be it further

RESOLVED, that the state affiliated associations be encouraged to take steps to create similar relations on a state and local level.

AOA TO COOPERATE WITH NATIONAL ORGANIZATIONS IN THE FIELDS OF EYE AND VISION CARE

WHEREAS, there are a substantial number of national organizations which devote themselves to activities in the field of eye and vision care such as research, conservation, safety, education and others; and

WHEREAS, such organizations can function more effectively in the public interest with the advice and cooperation of the profession of optometry; now therefore be it

RESOLVED, that the American Optometric Association make
known to national organizations and groups for the advancement of eye and vision care its availability for optometric consultation and cooperation.

ACQUAINT STUDENTS WITH ADVANTAGES OF FEDERAL SERVICE CAREERS

WHEREAS, there are many advantages for the career optometrist in the Uniformed Services including the U.S. Public Health Service Commissioned Corps; and

WHEREAS, new graduates are unapprised unaware of the 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 optometric colleges schools and colleges of optometry to acquaint and apprise inform students of the advantages of a military and or public health service career and the procedure and regulations pertaining to applications for commissions.

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 “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, it is the declared policy of the American Optometric Association has determined that the use of the titles DOCTOR OF OPTOMETRY and OPTOMETRIC PHYSICIAN in assisting “Doctor of Optometry” and “Optometric Physician” enhance public recognition of the practitioners of the profession of optometry are preferred titles; now therefore be it

RESOLVED, that all optometrists be encouraged to identify themselves as DOCTORS OF OPTOMETRY, or as OPTOMETRIC PHYSICIANS “Doctors of Optometry,” or as “Optometric Physicians” (where permitted by state law or regulation), in all forms of communication where practicable; and be it further
RESOLVED, that the American Optometric Association use the preferred titles “Doctor of Optometry” and “Optometric Physician” in all written communications where practicable, including publications, resolutions and policy statements, and encourage the affiliated associations to do likewise.

COOPERATION WITH STATE AGENCIES RE MOTORISTS’ VISION AND HIGHWAY SAFETY

WHEREAS, the American Optometric Association and the state associations have acquired and accumulated so much data, material and knowledge on the subject of motorists’ vision and its relation to highway safety; now therefore be it

RESOLVED, that the American Optometric Association and the various state associations continue to offer their cooperation to the appropriate state agencies and make available to them their materials and knowledge on the subject of motorists’ vision and its relation to highway safety so as to assist in the prevention of the unnecessary loss of life on the highway.

SCHOOLS AND COLLEGES OF OPTOMETRY URGED TO FURTHER DEVELOP AND EXPAND RESEARCH

WHEREAS, basic research in vision has always been deemed essential to the development of optometric science and is therefore one of the continuing responsibilities of the profession of optometry; and

WHEREAS, the schools and colleges of optometry are the profession’s major source of research talent, the principal disseminators of scientific optometric knowledge and the primary agencies in the application of new optometric knowledge; now therefore be it

RESOLVED, that the American Optometric Association encourages the schools and colleges of optometry to continue to further develop and expand programs and facilities for basic as well as applied research in vision.

PUBLIC HEALTH CAREERS

RESOLVED, that there be broadly-based developed a definite career path track programs developed for Doctors of Optometry broadly in the field of public health with major emphasis on
community care and health services administration; and be it further

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

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

HIGHEST LEVEL UTILIZATION

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

PROFESSIONAL SUPERVISION OF OPTOMETRISTS WITHIN INSTITUTIONAL AND CLINICAL FACILITIES UNDER PROFESSIONAL SUPERVISION OF OPTOMETRISTS

WHEREAS, the development of clinics, ambulatory care units and hospital outpatient dispensaries are developing as health service delivery units; and

WHEREAS, the visual welfare of the patient is best served by upholding optometric standards of quality vision and preventive eye care in comprehensive group health care environments, as in single optometric care units; and

WHEREAS, the peer review concept should also prevail in the group environment; now therefore be it

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

RESOLVED, that the American Optometric Association urges all affiliated state optometric associations to examine their laws governing the licensing and regulation of hospitals, community health centers, and other institutional health care facilities and dispensaries in hospitals and ambulatory health care facilities with a view toward seeking legislation or initiating other appropriate action to assure that all optometric services provided in such facilities shall be under the professional supervision of Doctors of Optometry.

STATUS OF CIVIL SERVICE OPTOMETRISTS

WHEREAS, 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 optometrists in civil service should be the same level as other independent health care professionals in such service.

CONSUMER INFORMATION

WHEREAS, optometry as a primary health care profession has recognized the public's need for information regarding its professional services; now therefore be it

RESOLVED, that the American Optometric Association continue to develop conduct a positive consumer information program, emphasizing the professional skills and services Doctors of Optometry provide, and to educate the public as to what constitutes proper and competent optometric appropriate eye health and vision care; and be it further

RESOLVED, that all Doctors of Optometry are encouraged to share information regarding the concerns of consumers and consumer groups which may enable them to make informed decisions regarding optometric care; and be it further

RESOLVED, that the American Optometric Association maintain a basic public information program with adequate funding and long-range planning to assure continuity.
GOVERNMENTAL HEALTH CARE PROGRAMS

WHEREAS, optometry should be included in every related governmental health care program; now therefore be it

RESOLVED, that the American Optometric Association maintain maximum effort to assure optometric inclusion in Quality Assurance Organizations, Accountable Care Organizations (ACOs), Health Maintenance Organizations (HMOs), Health Systems Agencies (HSAs), and Managed Care Organizations (MCOs), and other health care delivery models on a national level.

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 traditional role of the states has been to license and regulate such licensing and regulation of providers is the role of the states; and

WHEREAS, certain federal agencies are investigating the possibility of preempting the traditional role of the states in this area; now therefore be it

RESOLVED, that the American Optometric Association seek active participation in federal planning studies of federal licensing and regulating of health care providers, including any national licensing efforts related to telemedicine; and be it further

RESOLVED, that the American Optometric Association make known to appropriate federal agencies its concern with preemption of states' rights in licensing and regulating health care providers.

SUPPORT OF AOA-PAC

RESOLVED, that the American Optometric Association urges every member optometrist actively to actively support AOA-PAC, to make voluntary contributions to AOA-PAC and to encourage their fellow optometrists and others to make similar contributions; and be it further

RESOLVED, that the American Optometric Association encourages the AOA-PAC Board to assist the affiliated associations in actively soliciting AOA-PAC memberships.
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_ optometric services provided by _Doctors of Optometry_ in federal/state health programs, and that such coverage should include a freedom of choice provision; and be it further

RESOLVED, that Doctors of Optometry be encouraged and urged to participate in government programs, services, and institutions in their professional capacity; and be it further

RESOLVED, that the appropriate committees and affiliated associations of the American Optometric Association be requested to provide each other with the information required to assure maximum optometric participation in federal/state health programs.

HIGH BLOOD PRESSURE DETECTION

RESOLVED, that the American Optometric Association encourages Doctors of Optometry to participate in _the_ interdisciplinary hypertension programs which aid in detection, evaluation and treatment of high blood pressure; and be it further

RESOLVED, that the American Optometric Association encourages Doctors of Optometry to incorporate the detection of signs of high blood pressure as an integral part of their usual patient examination procedures.

CONTACT LENSES IN INDUSTRY THE WORKPLACE

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

WHEREAS, many _individuals_ see better and work more efficiently while wearing contact lenses; and

WHEREAS, a policy which requires the removal of contact lenses during working hours may cause serious vision problems for some workers including spectacle blur, field restriction or aniseikonia; and
WHEREAS, some restrictions now imposed upon contact lens wearers are not based on reliable documented research; now therefore be it

RESOLVED, that the American Optometric Association opposes restrictions on the use of contact lenses in an industrial environment the workplace unless documented research or experience confirms that some special hazard to the contact lens wearer actually exists; and be it further

RESOLVED, that the American Optometric Association, recognizing that contact lenses are not substitutes for appropriate eye safety devices, strongly recommends the use of eye safety devices whenever indicated.

1831
(5 of 1983)
(Mod. 2010)

BOXING SAFETY

WHEREAS, there have been many serious injuries suffered by boxers in recent years; 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.

1833
(7 of 1983)

CONTACT LENS TERMINOLOGY

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

WHEREAS, the term "contact lens fitting" is contributing contributes to the public's confused concept of 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 individual optometrists, the affiliated associations and allied optometric organizations.

SCOPE OF PRACTICE

WHEREAS, the American Optometric Association has long recognized the importance of state optometric practice acts providing that Doctors of Optometry utilize professional judgment based on their education, training and experience; and

WHEREAS, the public benefits when Doctors of Optometry practice to the full extent scope of their professional education, training, and experience competency and to use their independent professional judgment and training to examine, diagnose, treat, and manage functional and organic eye health and vision problems; now therefore be it

RESOLVED, that the American Optometric Association endorses the continued growth of the learned profession of optometry; and be it further

RESOLVED, that the American Optometric Association endorses the right of the affiliated state associations to pursue changes in state legislation and regulations which provide Doctors of Optometry the right to practice the full scope of optometry based on their education, training and experience.

INCLUSION OF EYE HEALTH AND VISION CARE IN HEALTH CARE PROGRAMS

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

WHEREAS, health care programs are incomplete without the inclusion of eye health and vision care; now therefore be it
RESOLVED, that the American Optometric Association seeks the inclusion of eye health and vision care in all health programs, public and private; and be it further

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

RESOLVED, that whenever a health care program, public or private, is offered, which includes eye health and vision care is offered, it shall be a major effort of the American Optometric Association to assure the inclusion of optometry as an independent, coordinate discipline, to the end that the public shall not be deprived of optometric services and shall continue to retain its inalienable right of freedom of choice of practitioner.

VISION AND LEARNING DISABILITY

WHEREAS, a problem being demonstrated by many children and adults today, 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, it is optometry's belief that success in learning can be better achieved through interdisciplinary collaboration and cooperation which is in the best interest of the child or adult; now therefore be it

RESOLVED, that the American Optometric Association pledges its continued cooperation with other disciplines that also have concern for children and adults with learning problems; and be it further

RESOLVED, that the American Optometric Association affirms the responsibility of the optometrist in the management of vision conditions which relate to learning and the rehabilitation of such patients.

AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI) STANDARDS

WHEREAS, the American National Standards Institute (ANSI) is a nationally recognized organization for the development of voluntary product standards in the United States; and
WHEREAS, ANSI has established an American National Accredited Standards Committee (ASC) on Ophthalmic Standards (Z80) which has been involved in the development of ophthalmic standards since 1956; and

WHEREAS, the American Optometric Association and other optometric organizations have participated directly in the development of all consensus ophthalmic standards by the ANSI ASC Z80 committees and they continue to be active participants in the development of new as well as the revision of existing standards; now therefore be it

RESOLVED, that the American Optometric Association endorses the following ANSI Z80 standards and encourages every Doctor of Optometry to utilize them as minimum standards and maximum tolerances appropriate to evaluate the quality of ophthalmic materials to assure protection of the consumer:

ANSI Z80.1 – Ophthalmics – Prescription Ophthalmic Lenses – Recommendations

ANSI Z80.3 – Ophthalmics – Non-Prescription Sunglasses and Fashion Eyewear – Requirements

ANSI Z80.5 – Requirements for Ophthalmic Frames

ANSI Z80.7 – Ophthalmics – Intraocular Lenses

ANSI Z80.9 – Ophthalmics – Devices for Low Vision

ANSI Z80.10 – Ophthalmics – Ophthalmic Instruments – Tonometers

ANSI Z80.11 – Laser Systems for Corneal Reshaping

ANSI Z80.12 – Multifocal Intraocular Lenses

ANSI Z80.13 – Phakic Intraocular Lenses

ANSI Z80.17 – Ophthalmics – Focimeters

ANSI Z80.18 – Contact Lens Care Products: Vocabulary, Performance, Specifications and Test Methodology

ANSI Z80.20 – Ophthalmics – Contact Lenses – Standard Terminology, Tolerances, Measurements, and Physicochemical Properties
WHEREAS, vision therapy is the art and science of developing visual abilities to achieve optimal visual performance and comfort; and

WHEREAS, orthoptics is that phase of vision therapy related to strengthening the control and ability for coordinated use of the two eyes; and

WHEREAS, the neuromuscular and sensory motor aspects of vision therapy are an integral part of the curriculum of every school and college of optometry; and

WHEREAS, optometry has been instrumental in developing the concepts and techniques involved in vision therapy and orthoptics; now therefore be it

RESOLVED, that the American Optometric Association reaffirms its position that vision therapy and orthoptics have always been an integral and essential part of the practice of optometry; and be it
further

RESOLVED, that the practice of vision therapy and orthoptics by an unlicensed person, except in the office and under the supervision, direction and control of a licensed optometrist or ophthalmologist physician, is contrary to the best interests of the public.

SUPPORT OF OPTOMETRIC RESEARCH

WHEREAS, the American Optometric Association recognizes the importance of optometric research to the continued growth of the profession by co-sponsoring the Summer Research Institute which trains optometric clinical researchers and assists researchers in how to write successful grants; and now therefore be it

WHEREAS, The American Academy of Optometry, the American Optometric Foundation, the Association of Schools and Colleges of Optometry, the American Optometric Institute and, the American Foundation for Vision Awareness, Beta Sigma Kappa, the College of Optometrists in Vision Development, the Optometric Extension Program Foundation, and others, in addition to the American Optometric Association, have a long history of involvement in the pursuit and support of optometric research and development; and

WHEREAS, recent trends in health care delivery have reemphasized the need for expanding optometric research and development as reflected in the American Optometric Association's long-range plan; and

WHEREAS, there is a need to further facilitate and develop optometric research; now therefore be it

RESOLVED, that the American Optometric Association reaffirms its commitment to and urges the advancement of optometric research and development to increase the ability of optometry to best serve the public need through broadening the knowledge base underlying optometric clinical care.

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 that each year 5,800 Americans lose their sight because of diabetes; 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 visual 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 needs to be is being directed toward the eye care of patients with diabetes, with appropriate information developed and disseminated to health care professionals and to the public 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 optometric the diagnosis and ocular management of ocular manifestations are important factors in the control care of individuals with diabetes and therefore, optometrists should be an integral part of diabetic patient management; and be it further

RESOLVED, that appropriate information regarding the eye care of patients with diabetes should continue to be developed and disseminated to health care professionals and the public.

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 the coverage of certain eye health and vision care services that may not include optometric health care services when those services are provided by optometrists; and

WHEREAS, the Employee Retirement Income Security Act (ERISA) may preempt state freedom of choice laws and/or mandated benefits
laws that govern certain types of these health care programs; now therefore be it

RESOLVED, that the American Optometric Association work to ensure that groups and/or individuals have full and equal access to eye health and vision care services provided by optometrists in all health care programs that include medical and/or vision services, including those subject to the Employee Retirement Income Security Act (ERISA).

TORT REFORM

WHEREAS, over the past several years there has been growing concern with the present tort system in the United States; and

WHEREAS, although efforts to reform the tort system throughout the country have helped to ease the professional liability crisis, much work still needs to be done; now therefore be it

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

RESOLVED, that the American Optometric Association and affiliate state associations support federal and state legislation as appropriate to deal fairly and equitably with the tort system in such a way that health care services are not limited or denied to patients; and be it further

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

SALE OF CONTACT LENSES

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

WHEREAS, improper fitting, wearing, or after-care 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 a practitioner an eye doctor licensed authorized to do so pursuant to state law; now therefore be it

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

LOW VISION REHABILITATION

WHEREAS, it is estimated that there are at least 14 million the number of individuals with visual impairment in the United States is growing; and

WHEREAS, without intervention, visual impairment can diminish the quality of life and challenge an individual’s education, income, and independent living potential; and

WHEREAS, the American Optometric Association supports the interdisciplinary approach to low vision rehabilitation; and

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

WHEREAS, optometrists are uniquely qualified to manage individuals with visual impairments through evaluation, diagnosis, treatment, and prescription of low vision devices and/or systems (e.g., optical, non-optical, electronic) to be integrated in the rehabilitation process, and provide/coordinate therapeutic intervention and other forms of care; and

WHEREAS, optometric low vision rehabilitation can lead to enhanced quality of life; and

WHEREAS, many individuals with visual impairment do not receive low vision rehabilitation; now therefore be it

RESOLVED, that the American Optometric Association inform the public about the benefits of low vision rehabilitation; and be it further

RESOLVED, that the American Optometric Association urges
organizations and agencies serving individuals with visual impairment to fully utilize optometric low vision rehabilitation services; and be it further

RESOLVED, that the American Optometric Association encourages optometrists to continue to provide, co-manage, or refer every individual with visual impairment for appropriate optometric low vision rehabilitation.

1863
(6 of 1989)
(Mod. 1995)
(Mod. 2010)

READY-TO-WEAR READING GLASSES

WHEREAS, self diagnosis of vision problems may delay professional diagnosis, treatment, and management of an underlying disease; and

WHEREAS, ready-to-wear reading glasses do not provide correction for many vision conditions, such as astigmatism, anisometropia, and muscle imbalances which can lead to discomfort and inefficiency; now therefore be it

RESOLVED, that the American Optometric Association continue to educate the public about the danger to their health and visual welfare by solely relying solely on ready-to-wear reading glasses without examination or recommendation by their eye care professional.

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

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 the laboratory studies and has been reported to cause pinguecula 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, much of the damaging solar radiation can be prevented from reaching the eye by absorption in spectacle lenses, intra ocular lenses, and contact lenses; and

WHEREAS, High Energy Visible (HEV) light, also known as blue light, has been linked to age related macular degeneration; and
WHEREAS, there is evidence indicating that exposure to solar radiation is a contributing factor in producing other diseases; now therefore be it

RESOLVED, that the American Optometric Association urge all manufacturers and suppliers of eyecare products to incorporate solar protection in their products and to properly label ophthalmic lenses, intra-ocular lenses, and contact lenses that meet or exceed the standards for UV protection set forth by both the European standard EN1836:2005 and the U.S. Food and Drug Administration; and be it further

RESOLVED, that the American Optometric Association cooperate with and enlist financial support from other organizations, associations and governmental agencies for the development and implementation of a major public education effort to reduce the detrimental effects of solar radiation on the public’s health; and be it further

RESOLVED, that the American Optometric Association urge the education of the public to dangers of exposure to solar radiation and of the benefits of protection from solar radiation.

SECOND OPINIONS REGARDING SURGICAL CATARACT SURGERY

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

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

WHEREAS, second surgical opinions have been shown to control unnecessary cataract surgery, and

WHEREAS, optometrists have the clinical expertise to determine when cataract surgery will benefit the patient; now therefore be it

RESOLVED, that the American Optometric Association reaffirms that optometrists are qualified to render accurate and unbiased second surgical opinions for patients who may need cataract surgery; and be it further

RESOLVED, that the American Optometric Association continue to urge all public and private programs which require or permit second
surgical opinions for regarding cataract surgery to recognize and utilize optometrists for providing second opinions.

PRE AND POST OPERATIVE CARE

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

WHEREAS, optometrists provide convenient and cost-effective pre and post-operative quality care; and

WHEREAS, optometrists have traditionally demonstrated an excellent record of working with ophthalmic surgeons; now therefore be it

RESOLVED, that the American Optometric Association reaffirm that pre and post-operative eye care through management and co-management are an integral service provided by optometrists; and be it further

RESOLVED, that the American Optometric Association reaffirm the patient's freedom of choice to select an eye care provider who delivers these services; and be it further

RESOLVED, that the American Optometric Association pursue ongoing action to ensure that optometrists continue to provide pre and post-operative care within the scope of their license as authorized by state law.

OPTOMETRIC HOSPITAL PRIVILEGES

WHEREAS, optometrists are primary health care providers; and

WHEREAS, optometrists are educated and trained to provide services to patients with signs and symptoms of eye disease, vision problems, ocular manifestations of systemic disease, and ocular emergencies; and

WHEREAS, optometrists are accessible eye health and vision care providers to many hospitals; and

WHEREAS, patients would could benefit from eye health and vision care or and consultation by their optometrist during a their hospital visit stay; and
WHEREAS, Medicare has recognized optometrists as qualified to provide optometric eye health and vision services in Medicare certified hospitals; now therefore be it

RESOLVED, that the American Optometric Association promote and support the attainment of hospital privileges for by optometrists within the scope of practice as authorized by state law; and be it further

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

PATIENT MANAGEMENT

WHEREAS, optometrists are primary health care providers; and

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

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

WHEREAS, optometrists, continue to demonstrate their ability through their education and training, have the ability to manage and co-manage patients with other various health care providers; now therefore be it

RESOLVED, that the American Optometric Association inform and educate the public, legislators and third party payers about the role of the optometrist in the management and co-management of patients in concert with other health care providers.

CATASTROPHIC HEALTH CARE

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

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

WHEREAS, current proposed Federal legislation, which would insure the uninsured, could create a situation similar to problems
optometry faces with the Employee Retirement Income Security Act (ERISA); now therefore be it

RESOLVED, that the American Optometric Association urge that all Federal catastrophic health insurance care legislation and all health care programs legislation which is are federally financed or federally regulated, include Doctors of Optometry as physicians as defined in Section 1861(r) of the Social Security Act; and be it further

RESOLVED, that the American Optometric Association urge that all state catastrophic health care legislation programs include Doctors of Optometry as providers.

VISION THERAPY

WHEREAS, optometric, medical, and visual vision science literature supports the efficacy of vision therapy and its benefits to the 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, are is an integral part of the practice of optometry and have has provided significant benefits to the patient; now therefore be it

RESOLVED, that the American Optometric Association take steps to assure the inclusion of optometric vision therapy in all reimbursement systems.

REFERRAL OF PATIENTS

WHEREAS, Doctors of Optometry are educated, clinically trained and licensed to diagnose and treat visual conditions and ocular diseases and disabilities, examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system; and

WHEREAS, interprofessional referral of patients among optometrists, physicians, and/or other health care providers for consultation or treatment purposes is often in the best interest of the patient; and

WHEREAS, reimbursement for these professional services is customarily by payment from the patient and/or third party payers, whether in the public or private sectors; now therefore be it
RESOLVED, that the American Optometric Association affirms that interprofessional consultations and referral should be with full reciprocal professional courtesies and privileges including complete confidential reports of information which may be coordinated in affording the best optometric care to the patient; and be it further

RESOLVED, that the American Optometric Association reaffirms that the decision on where to refer a patient for additional care or consultation should be based on the best potential for restoring eye ocular health and vision and not upon personal inducements or arrangements.

1888
(7 of 1991)
(Mod. 2000)

OPTOMETRIC PARTICIPATION IN INVESTIGATIONAL DRUG PHARMACEUTICAL STUDIES

WHEREAS, optometrists are trained and educated to utilize prescription pharmaceutical agents; and

WHEREAS, optometrists have been given the statutory authority in all states to utilize pharmaceutical agents for diagnostic and therapeutic purposes; and

WHEREAS, optometrists and optometric researchers have conducted original investigations of new and existing pharmaceutical agents and have contributed substantially to the published literature on ocular pharmacology and therapeutics; and

WHEREAS, the profession of optometry serves a patient population that is suited to investigational studies and has numerous qualified investigators in academic and clinical centers in the United States; now therefore be it

RESOLVED, that the American Optometric Association strongly encourages pharmaceutical manufacturers to include optometrists as principal investigators in investigational drug pharmaceutical studies.

1895
(5 of 1992)

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 care 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 level of managed care; and be it further

RESOLVED, that the American Optometric Association give these strategies and programs a high priority.

EYE HAZARDS OF FIREWORKS

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

WHEREAS, an estimated 5,000 eye injuries occur each year from the use of fireworks, most occurring in children and resulting in blindness; and

WHEREAS, small explosive rockets (bottle rockets) are among the most dangerous type of fireworks; now therefore be it

RESOLVED, that the American Optometric Association joins Prevent Blindness America, the American Public Health Association, the American Academy of Ophthalmology, and other concerned groups to support the enactment of legislation to ban the sale and use of bottle rockets and restrict the use of less dangerous fireworks in all states; and be it further

RESOLVED, that the American Optometric Association recommends the use of appropriate protective eyewear by all who deal with fireworks.

ANTITRUST COMPLIANCE

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

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

WHEREAS, the American Optometric Association has developed the "Antitrust Compliance Program Manual for Members and Staff"; and
WHEREAS, this manual contains an Acknowledgement Form declaring that the signatory agrees to comply with the requirements and procedures of the program; now therefore be it

RESOLVED, that no person shall hold an elected or appointed position within the American Optometric Association volunteer structure, including but not limited to center and section leadership positions, without having executed the Antitrust Compliance Program Acknowledgement Form no later than October 1, 1994 and July 1 of each administrative year thereafter, or within 30 days of appointment or election to the volunteer structure and annually thereafter; and be it further

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

VISION EXAMINATION OF SCHOOL-AGE CHILDREN

WHEREAS, literature indicates that the visual process plays a vital role in learning, and any reduction in the efficiency of the visual system may result in the inability of children to achieve their full potential; and

WHEREAS, studies indicate that many school children have undetected, educationally significant eye and vision problems; and

WHEREAS, optometrists are cognizant of and active in the field of vision as it relates to school achievement, and

WHEREAS, it is the responsibility of the optometrist to assess the school-age child's visual readiness for learning and the maintenance of visual performance; now therefore be it

RESOLVED, that the optometric examination of the school-age child should include appropriate recommendations to optimize visual function for classroom performance; and be it further

RESOLVED, that it is the responsibility of the optometrist Doctors of Optometry to examine, diagnose, treat, and manage diseases and disorders of the eyes; analyze the functioning of the visual system; to prescribe including the prescription of lenses, prisms and vision therapy when necessary; and to collaborate with members of optometrists and other professions professionals who contribute to maximize the child’s growth, development and academic success
achievement of children.

DISCLOSURE OF CONFLICTS OF INTEREST

WHEREAS, the American Optometric Association continues to recognize the necessity that individuals holding elected or appointed positions within the American Optometric Association embrace the principles of integrity and trust; and

WHEREAS, the American Optometric Association continues to recognize that officers, trustees and other volunteers of the American Optometric Association and of its affiliated associations bear a special responsibility to avoid conflicts of interest or the appearance thereof between their association responsibilities and their private business interests; and

WHEREAS, the American Optometric Association has adopted a process to identify potential conflicts of interest for volunteers and staff; now therefore be it

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

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

RESOLVED, that no person shall hold an elected or appointed position within the American Optometric Association volunteer structure, without having executed the disclosure statement no later than July 1 of each administrative year, or 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.
WHEREAS, significant changes in technology and in the delivery of optometric care and services are placing ever increasing burdens on the ethical and professional delivery of optometric care and services; now therefore be it

RESOLVED, that the affiliated associations of the American Optometric Association be encouraged to make efforts to raise the level of consciousness about issues of ethical behavior; to identify and address ethical concerns that relate to clinical practice; and to identify and address ethical concerns that relate to organizations' behavior; and be it further

RESOLVED, that the affiliated associations of the American Optometric Association be encouraged, with advice and guidance from their legal counsel, to activate committees on ethics and values which would address concerns as they may arise related to issues of ethical behavior in accordance with applicable federal and state laws.

WHEREAS, changes in the health care delivery system and the expanding prevalence of two-career families has resulted in an ever increasing need for mobility from state-to-state among licensed Doctors of Optometry; and

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

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

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

WHEREAS, if the board of optometry Board determines that a candidate's credentials do not sufficiently meet state standards, the Board it may stipulate additional requirements prior to granting licensure by endorsement; and
WHEREAS, the process of granting licensure to Doctors of Optometry by some form of endorsement has worked effectively in nearly half the states; now therefore be it

RESOLVED, that the American Optometric Association supports the process of licensure by endorsement of credentials, as established at the state level; and be it further

RESOLVED, that the American Optometric Association encourages the affiliated state associations and individual state optometry boards to actively seek the adoption of legislation or rule changes to establish the process of licensure by endorsement of credentials.

1919 (4 of 1996) (Mod. 2005)

OPTOMETRIC REPRESENTATION IN NATIONAL ACCREDITING ORGANIZATIONS

WHEREAS, the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and the National Committee on Quality Assurance (NCQA) are two of the leading clinical accrediting organizations engaged with managed care networks and clinical institutions; and

WHEREAS, the American Optometric Association embraces the principle of peer review as an essential element of professional independence; and

WHEREAS, it is beneficial that the profession of optometry secure access to established national clinical accreditation entities, due to the development of managed care as a major force in the organization and financing of health care; now therefore be it

RESOLVED, that the Board of Trustees of the American Optometric Association take appropriate actions to help gain optometric representation within appropriate accrediting entities.

1920 (5 of 1996)

DOCTOR/PATIENT COMMUNICATIONS IN MANAGED HEALTH CARE PLANS

WHEREAS, there is concern that some managed health care contracts clauses may limit doctors' ability to communicate with patients; and

WHEREAS, it is the ethical duty of Doctors of Optometry, as a fundamental element of the doctor-patient relationship, to act as advocates on behalf of the patient; and
WHEREAS, it is a doctor's obligation to discuss necessary and appropriate treatment alternatives and in good faith to fully inform the patient of all treatment options; and

WHEREAS, the failure to communicate specific information may limit the patient's access to timely, relevant and quality health care services; now therefore be it

RESOLVED, that the American Optometric Association strongly encourages the adoption of federal legislation prohibiting managed health care organizations from using restrictive contract clauses that may serve to limit a doctor's ability to communicate openly and freely with patients about their care options; and be it further

RESOLVED, that the American Optometric Association strongly encourages the affiliated state associations to seek the adoption of similar state legislation.

1922 (2 of 1997)

OPTOMETRIC INPUT IN THE ESTABLISHMENT OF TELEMEDICINE PROTOCOLS

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

WHEREAS, telemedicine is broadly defined as the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status, application of information and communication technologies to the delivery of health education and health care; and

WHEREAS, telemedicine program planning and implementation, training, funding, operations, costs and benefits, reimbursement, marketing, staffing, equipment options, purchasing, maintenance and sustainability will affect the optometric profession, now therefore be it.

RESOLVED, that the American Optometric Association promptly explore, continue to evaluate the clinical applications of telemedicine to the provision of eye health and vision care, both current and future, and to provide optometric input in the establishment of telemedicine conventions, protocols and legislative initiatives.
EYE AND VISION CARE FOR EVERY CHILD

WHEREAS, it is recognized that good eye and visual health is essential for the optimal development of every child; and

WHEREAS, Doctors of Optometry are recognized as primary eye and vision health care professionals who help assure maximum eye and visual health of children; now therefore be it

RESOLVED, that the American Optometric Association encourages Doctors of Optometry, as a matter of professional responsibility, to garner appropriate private and public support to assure that every child receives eye health and vision care services essential for his or her optimal development.

PROTECTING AGAINST POTENTIAL BIAS IN PATIENT CARE

WHEREAS, the potential for bias exists based upon certain patient demographic factors; now therefore be it

RESOLVED, that the American Optometric Association reiterates its time-honored principle of appropriate professional care for all patients; and be it further

RESOLVED, that the American Optometric Association, as a matter of ethical concern, strongly encourages all practicing optometrists to be cognizant of the potential for bias in patient care based upon health, gender, age, ethnicity, race, financial status or any other patient characteristic.

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

WHEREAS, the American Optometric Association is a member organization of The Infants’ and Children’s Vision Coalition; and

WHEREAS, it is estimated that more than 10 million children below the age of 10 suffer from vision problems; and

WHEREAS, Approximately 80% of all learning is obtained through vision; and

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, only 14% of children by age six and only 50% of children by age 12 have received a complete eye and vision examination; 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 as a member organization of The Infants’ and Children’s Vision Coalition encourages public awareness and policy initiatives to significantly increase the number of children who receive from an optometrist or an ophthalmologist a complete eye and vision examination from an optometrist or an ophthalmologist.

WHEREAS, the American Optometric Association seeks to ensure the visual welfare of the public; and

WHEREAS, health promotion and disease prevention are fundamental in ensuring the visual welfare and quality of life of the American people; and

WHEREAS, as primary healthcare providers optometrists address health promotion and disease prevention at three levels; and

WHEREAS, primary prevention refers to those services which eliminate the cause or prevent the onset of ocular disorders and diseases; and

WHEREAS, secondary prevention refers to those services which identify and diagnose as early as possible ocular disorders or diseases for which early intervention is available; and

WHEREAS, tertiary prevention refers to those services which ameliorate, cure or treat ocular disorders or diseases to prevent further deterioration; now therefore be it
RESOLVED, that the American Optometric Association recommends that optometrists and its affiliated associations and all optometrists continue to promote the health and visual welfare of all Americans through primary, secondary and tertiary levels of prevention.

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, President George W. Bush seeks to improve access to healthcare for the 42.6 million medically underserved and uninsured in our nation; and

WHEREAS, President George W. Bush seeks to achieve this goal by enhancing access to primary health care through expanding the number and scope of Community and Migrant Health Centers administered by the Health Resources and Services Administration; and

WHEREAS, optometrists are located in thousands of nearly 7,100 communities throughout the United States and are the only eye and vision care providers in more than 4,300 most communities nationwide; and

WHEREAS, optometry represents the greatest opportunity for access to primary eye care; and

WHEREAS, the American Optometric Association, the organization that represents the greatest number of primary eye care providers in the nation, supports periodic eye examinations for all Americans through its “Healthy Eyes—Healthy People” initiative; now therefore be it

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

CALL FOR ACTION BY THE AMERICAN OPTOMETRIC ASSOCIATION TO AID THE ASSOCIATION OF SCHOOLS AND COLLEGES OF OPTOMETRY CAMPAIGN TO ATTRACTION
QUALIFIED STUDENTS

WHEREAS, in order to provide for a competitive selection process for quality professional optometry programs, an adequate pool of high caliber applicants is required; and

WHEREAS, minority students, including African-American, Hispanic, Native American, and Native Alaskan, are under-represented among students enrolled in optometry school; and

WHEREAS, practicing optometrists have a significant influence on a young person’s selection of a career in optometry; and

WHEREAS, the Association of Schools and Colleges of Optometry (ASCO) has launched a campaign entitled “Each One Reach One” to raise awareness and to assist current practitioners in their efforts to encourage high caliber young people to consider pursuing the profession of optometry as a rewarding lifelong career; and

WHEREAS, this program has a dual mission to increase the size of the qualified applicant pool and to increase the diversity of the applicants represented in that pool; and

WHEREAS, the public health is best served by a continuous supply of competent, motivated, and well-educated and trained optometrists; now, therefore, be it

RESOLVED, that the American Optometric Association will support in meaningful ways the efforts of the Association of Schools and Colleges of Optometry to increase the qualified applicant pool to ensure the future of the profession of optometry and serve the eye and vision care needs of the public.

INFANTSEE TM ® - OPTOMETRIC CARE OF INFANTS

WHEREAS, InfantSEE TM ®, a program of optometric care for infants and public education, has been initiated by the American Optometric Association to stress to the public and to the optometric community the critical importance of the early detection, diagnosis, and treatment of ocular problems such as amblyopia; and

WHEREAS, the American Optometric Association has received the necessary advisory opinion from the Office of Inspector General of the US Department of Health and Human Services regarding the compliance of the InfantSEE TM ® program with applicable federal regulations; now therefore be it
RESOLVED, that Doctors of Optometry, as a matter of public health policy of the American Optometric Association, and consistent with the national intent and direction of “Healthy People – 2010,” place added emphasis on the care of infants; and be it further

RESOLVED, that the American Optometric Association encourages all Doctors of Optometry, where permitted by law and regulation, to participate in InfantSEE™® by providing a comprehensive infant eye assessment within the first year of life as a no cost, charitable public health service.

OPTOMETRIC EDUCATOR MEMBERSHIP CLASS

WHEREAS, in 2001 the American Optometric Association (AOA) House of Delegates amended the Bylaws to create an Optometric Educator class of membership; and

WHEREAS, Optometric Educators are considered to be of vital importance toward educating, recruiting and retaining new licentiates for whom they are role models and mentors; and

WHEREAS, to encourage Optometric Educator membership the AOA House of Delegates approved a fifty percent reduction in dues; and

WHEREAS, the corresponding reduction in dues and assessments by individual states may differ from that offered by the AOA; now therefore be it

RESOLVED, that the 2004 AOA House of Delegates encourages affiliated associations to consider offering similar reductions in dues and assessments to Optometric Educator members as does the AOA.

ADVANCE ACCESS TO AOA CONGRESS INFORMATION

WHEREAS, technology has made communications and the transfer of information and documents more efficient; and

WHEREAS, the delegates to the annual Congress of the American Optometric Association (AOA) would benefit by having access to the materials provided in the House of Delegates Handbook prior to the meeting; now therefore be it

RESOLVED, that the AOA will 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)

ACCESS TO **EYE HEALTH AND VISION CARE** **EYECARE** 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 **Government** 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 state affiliates with any willing provider laws now in place; and be it further

RESOLVED, that the American Optometric Association solicit the support and input of other **health care** **healthcare** provider groups; and be it further

RESOLVED, that this initiative be commenced immediately on passage of this resolution and that a progress report be submitted by the 2005 annual AOA Congress.

1958
(5 of 2004)

RURAL HEALTH CARE

WHEREAS, the American Optometric Association, all its committees and affiliate organizations continue to endorse and support the vision and eye health objectives in the nation’s public health agenda as set forth for the nation by the United States Department of Health and Human Services’ document **Healthy People 2010**; and

WHEREAS, the American Optometric Association has established as one of its goals the promotion of the Healthy Eyes Healthy People (HEHP) Initiative to promote quality eye and vision care as an integral part of the overall health care of the public; and

WHEREAS, as a part of the HEHP Initiative, the American
Optometric Association has encouraged its committees and affiliate organizations to join with other health care groups to promote, develop, and implement programs and special initiatives to ensure that all Americans, including the underserved and uninsured rural populations, have access to quality health care that includes comprehensive vision and eye care; and

WHEREAS, the National Rural Health Association and the American Optometric Association and their respective state affiliate organizations have common goals of promoting quality overall health and vision care for the many Americans in underserved and rural America; now therefore be it

RESOLVED, that the American Optometric Association encourage its members and affiliate organizations to join with the National Rural Health Association and its state and affiliate organizations to build coalitions in order to increase the level of awareness, understanding, and appreciation of the importance of eye health and vision care as an integral part of the physical, mental, social, and economic well-being of America’s rural populations.

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, America’s school nurses are licensed health care professionals who safeguard the health and well-being of our nation’s schoolchildren; 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 primary eye and vision care conditions which, left undetected or untreated, would negatively impact children’s learning and academic achievement; now therefore be it and

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

RESOLVED, that the American Optometric Association recognizes that children’s comprehensive eye care is an essential benefit under the Affordable Care Act; and be it further
WHEREAS, the American Optometric Association and the National Association of School Nurses have signed a Memorandum of Understanding committing to working together; now therefore be it

RESOLVED, that the American Optometric Association commends America’s school nurses for their unique role in the health care of our nation’s students; and be it further

RESOLVED, that the American Optometric Association encourages all optometrists to communicate appropriately, and in a manner that comports with federal, state, and local requirements, with school nurses regarding their referrals; and be it further all school nurses to refer children who have not had a comprehensive eye examination by an eye doctor to have such an exam; and be it further

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

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

1974
(2 of 2009)

OBESITY IN CHILDREN AND ADOLESCENTS

WHEREAS, obesity is emerging as an epidemic affecting children and adolescents in the United States; and

WHEREAS, there is evidence that childhood obesity has a significant impact on the health of our youth, their quality of life, as well as their future health; and
WHEREAS, according to the U.S. Surgeon General, overweight adolescents have a 70% chance of becoming obese adults; and

WHEREAS, obese adults are at a higher risk for a number of health problems including heart disease, diabetes, hypertension, respiratory problems, some forms of cancer, and reduced life expectancy; and

WHEREAS, optometrists as primary health care providers monitor their patients for certain risk factors associated with obesity; and

WHEREAS, obesity can be prevented through the combined efforts of the entire health care community; now therefore be it

RESOLVED WHEREAS, that 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, and now therefore be it further

RESOLVED, that the American Optometric Association and its affiliates, through publications and collaborative efforts with other organizations and agencies, promote knowledge and understanding by educators, parents, and policymakers regarding the health, social, psychological, and economic effects of childhood obesity; and be it further

RESOLVED, that the members of the American Optometric Association are encouraged to educate children and their parents about the importance of healthy lifestyles and the potential impact on vision and eye health.

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 the President-Elect of the APHA is in 2012 an optometrist, Dr. Melvin Shipp of Ohio—Dean of
The Ohio State University College of Optometry served as APHA President; and

WHEREAS, the current AOA officers and trustees are members of the APHA; now therefore be it

RESOLVED, that the American Optometric Association encourages the affiliated state associations, their leadership and members to join the APHA and state public health associations.
Combine resolution 1849 into resolution 1832 and continue resolution 1832 as an active policy pronouncement:

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

1832  (6 of 1983)

Tobacco Smoking and Health

Whereas, the Surgeon General of the United States has identified tobacco smoking as a major cause of death and serious illness; and

Whereas, research has shown that tobacco smoking can cause external eye irritation, loss of visual acuity and color perception, limited night vision and reduced field of vision, and may produce other vision impairments; and

Whereas, these health hazards are preventable by the cessation or reduction of tobacco smoking; and

Whereas, for many years the American Optometric Association House of Delegates has prohibited smoking in the House of Delegates; now therefore be it

Resolved, that the American Optometric Association urges Doctors of Optometry and their staffs to promote good public health practices by not smoking and by discouraging others from smoking; and be it further

Resolved, that the American Optometric Association through continuing education programs on the ill effects of smoking on health, including the vision system, encourages young people and adults not to smoke, or to reduce their smoking; and be it further

Resolved, that all optometric associations are urged to create smoke-free environments by prohibiting smoking in association offices and at meetings or other association functions.
Motion 7

Combine resolution 1890 into resolution 1852 and continue resolution 1852 as an active policy pronouncement:

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

1852
(5 of 1987)

HIV AND AIDS RESEARCH

WHEREAS, Acquired Immune Deficiency Syndrome (AIDS) is a life-threatening communicable disease which has become the Nation's number one public health issue; and

WHEREAS, the number of diagnosed cases of AIDS and fatalities has been steadily increasing at a geometric rate, killing thousands of Americans, mostly young and productive individuals; and

WHEREAS, an estimated 270,000 cases of AIDS and 179,000 deaths caused by the disease will have occurred by the end of 1991; and

WHEREAS, required supportive health services for AIDS patients in 1991 is estimated to cost up to $16 billion; and

WHEREAS, the impact on our society of HIV antibody testing and AIDS diagnosis will continue to be a major public health issue; and

WHEREAS, it is incumbent upon optometrists, as primary health care providers, to be knowledgeable and to counsel patients about Acquired Immune Deficiency Syndrome (AIDS), since the disease has ocular manifestations and the Human Immunodeficiency Virus (HIV) antibody which causes AIDS has been isolated in tears but not found to be transmissible; and

WHEREAS, it is important to educate the public to take precautionary measures to prevent AIDS transmission; now therefore be it

RESOLVED, that the American Optometric Association strongly recommends that it be the responsibility of all practicing optometrists to acquire background and knowledge, through continuing professional education, of HIV infections, appropriate infection control and related public health and patient care issues; and be it further

RESOLVED, that the American Optometric Association supports private and government funding of educational programs to inform
the general public accurately with scientific facts, to reduce unfounded fear of infection in the general population, and to prevent further infection in populations at risk of contracting AIDS; supports confidentiality in voluntary testing for the HIV antibody; supports increased private and federal funding for AIDS research; and supports continual efforts to assess potential improvement of treatment in order to provide the most efficacious cost-effective care.
Combine resolution 933 and 1959 into resolution 1512 and continue resolution 1512 as an active policy pronouncement:

[NOTE: wording to be deleted is **lined out**; wording to be added is **underscored**]

1512
(5 of 1963)
(Mod. 1985)
(Mod. 1995)
(Mod. 2000)
(Mod. 2010)

**STATES URGED TO STUDY INSURANCE LAWS AND REGULATIONS RE: COMPREHENSIVE HEALTH CARE AND GROUP PLANS SCOPE OF PRACTICE**

**NONDISCRIMINATION AND EQUAL REIMBURSEMENT IN BASIC HEALTH AND SUPPLEMENTAL THIRD PARTY PROGRAMS**

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

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

RESOLVED, that the American Optometric Association earnestly urges each state association to examine and study the insurance laws and regulations of the state and any and all other laws and regulations under which comprehensive health care plans or group health plans may be authorized; 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 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 individual state associations take any and all steps necessary to amend the applicable laws and regulations to permit the inclusion of an **require** equal reimbursement to participating optometrists and ophthalmologists Doctors of Optometry as participating providers and the rendering of when providing the same or similar covered services eye health and vision care by Doctors of Optometry in basic health and supplemental third party programs whenever eye care is included or offered.
Combine resolution 1892 into resolution 1981 and continue resolution 1981 as an active policy pronouncement:

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

1981 (5 of 2011)

COMPREHENSIVE VISION CARE SERVICES FOR INFANTS AND CHILDREN

WHEREAS, it is important that vision impairments and ocular abnormalities be discovered at the earliest possible age; and

WHEREAS, early diagnosis, treatment, and management provide for greater success in resolving vision and eye health problems; and

WHEREAS, undetected and untreated eye disorders, such as amblyopia and strabismus, can result in delayed reading and poorer outcomes in school; and

WHEREAS, studies show that while prevalence rates vary between demographic groups, there is an increasing need for eye care among children, indicating that 25% of children aged 5-17 have a vision problem\(^1\), 79% have not visited an eye care provider in the past year\(^2\), 35% have never seen an eye care professional\(^3\); and

WHEREAS, the National Eye Institute’s VIP study of preschool children acknowledges a comprehensive examination performed by an eye doctor is the “standard;” and

WHEREAS, the 2011 School Readiness Summit: Focus on Vision issued a joint statement by multiple organizations recommending the following: “We support comprehensive eye exams for school-aged children as a foundation for a coordinated and improved approach to addressing children’s vision and eye health issues and as a key element of ensuring school readiness in American children \(^4\),” now therefore be it and

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

RESOLVED, that the American Optometric Association supports a comprehensive vision and eye health examination as the foundation for eye care services; and be it further

RESOLVED, that the American Optometric Association recommends that all children have a comprehensive vision and eye

51
health examination between six months and twelve months of age, at 3 years of age, before entry into formal school, and as recommended thereafter by the eye doctor. and be it further

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

3. The Vision Care Institute. Americans’ Attitudes and Perceptions about Vision Care. Conducted by Harris Interactive on behalf of The Vision Care Institute™ of Johnson & Johnson Vision Care, Inc., 2006.
Combine resolution 1900 into resolution 1875 and continue resolution 1875 as an active policy pronouncement:

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

1875 (18 of 1989) (Mod. 2005)

CONSUMER INFORMATION ON COMPUTERS COMPUTER 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 new and demanding stress on the eyes and the vision system which may cause problems such as eye strain, blurred vision, light sensitivity or ocular fatigue; and

WHEREAS, the comfort and efficiency of those using computers and other electronic devices may be directly affected by visual needs and the environment which can be obviated by special attention to these factors; and

WHEREAS, optometrists are uniquely qualified to provide eye health and vision care and consultation to those using computers and other electronic devices; now therefore be it

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

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

RESOLVED, that the American Optometric Association urges all optometrists to continue to expand their knowledge and understanding of the clinical and ergonomic issues related to vision and computer or other electronic device use; and be it further

RESOLVED, that the American Optometric Association encourage the development of standards relating to computers and to those using computers; and be it further
RESOLVED, that the American Optometric Association further provide develop and distribute consumer information to improve understanding by the public on the use of computers and other electronic devices, stressing the importance of regular optometric eye care, eye health, and vision care, and other important considerations related to their computer use.
Combine resolution 1836 into resolution 1834 and continue resolution 1834 as an active policy pronouncement:

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


1834
(8 of 1983)

INTERNATIONAL OPTOMETRY

WHEREAS, the Objects of the American Optometric Association are, "To improve the vision care and health of the public and to promote the art and science of the profession of optometry" mission of the American Optometric Association includes the recognition of optometrists as primary health care providers and assuring access by the public to the full scope of optometric care; and

WHEREAS, the major causes of world-wide blindness and vision loss can largely be alleviated by proper utilization of optometric services; and

WHEREAS, in most underdeveloped 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 vision needs of the people; now therefore be it

RESOLVED, that the American Optometric Association offers its assistance, whenever possible, to aid in the establishment and development of the profession of optometry throughout the world, when such help is requested; and be it further

RESOLVED, that the American Optometric Association will work to promote closer relations among optometric associations throughout the world.
Combining resolution 1968 into resolution 1928 and continue resolution 1928 as an active policy pronouncement:

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

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<thead>
<tr>
<th>Year</th>
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<tr>
<td>1928</td>
<td>PREVENTING SPORTS-RELATED EYE INJURIES AND MANDATING THE USE OF PROTECTIVE EYEWEAR FOR CHILDREN</td>
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WHEREAS, the mission of the American Optometric Association (AOA) Sports Vision Section is to advance the quality and delivery of full-scope optometric sports vision care; to promote sports vision education, eye injury prevention and research; and to evaluate, treat and enhance the vision of athletes; and

WHEREAS, approximately 100,000 eye injuries occur annually in activities related to sports and most are preventable; and

WHEREAS, the National Institutes of Health in Healthy People 2010 2020 set vision objectives for the country and objective 28-9 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 Youth Sports Safety Foundation states, "the sports that are responsible for the greatest number of eye injuries are baseball, ice hockey, and racquet sports" the National Eye Institute reports the sports with the greatest number of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball; and

WHEREAS, the American Public Health Association “strongly recommends that all participants in defined moderate- to high-risk sports utilize protective eyewear appropriately certified for the specific sport”; and

WHEREAS, an eye injury to a monocular athlete has the potential for serious consequences; and

WHEREAS, eye injuries are often disabling and create enormous costs to the injured and to society; now therefore be it

RESOLVED, that the optometrist's role in preventing sports-related eye injuries includes addressing individual athlete's needs and promoting the use of appropriate protective eyewear, especially for
functional monocular athletes, identifying monocular athletes, and informing patients of the need for protective eyewear; and be it further

RESOLVED, that the American Optometric Association encourages the use of protective eyewear that meets the standards set by the American Society for Testing and Materials—American National Standards Institute; and be it further

RESOLVED, that the American Optometric Association encourages the affiliated associations to seek the enactment of legislation requiring children to wear sports protective eyewear during those activities where there is a risk for eye injury.