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# **COA HOD STANDING POLICY RESOLUTIONS**

**March 2019**

**Created February 2013**



**CALIFORNIA  
OPTOMETRIC  
ASSOCIATION**

*Last amended February 2018*

**2014 PR#1 COA Member Dues**

**RESOLVED**, that effective fiscal year 2014, annual COA member dues shall be established as set forth below:

<u>Membership Category</u>	<u>Percent of annual dues</u>
Active	100%
Partial Practice	50%
Optometric Educator	50%
Postgraduate	0%
Government Service	50%
Distinguished	0%
Retired (with member benefits)	10%
Retired (without member benefits)	0%
Life	0%
Special Achievement	0%
Clinic Practice	50%

<u>Affiliate Members</u>	<u>Percent of annual dues</u>
Student	0%
Non-California Resident	40%
Non-US Resident	40%
<u>Paraoptometric</u>	<u>0%</u>
<u>Associate Members</u>	<u>Percent of annual dues</u>
Non-Optometrist Educator	40%
Honorary	0%

**BE IT FURTHER RESOLVED**, that if the COA Proposed Bylaws Amendment Number One, relating to the COA paraoptometric membership, considered during the 2014 COA House of Delegates meeting is amended to conflict with or not support any provision of this resolution, then the bylaw amendments so adopted will take precedence.

**BE IT FURTHER RESOLVED**, that the ascending dues scale currently used for new licensees and Project Keep will remain as is.

**2014 PR#3 COA Presidents' Council**

**RESOLVED**, that the 2014 COA House of Delegates (HOD) formally recognizes the annual COA Presidents' Council meeting consisting of representatives from each COA society; and,

**BE IT FURTHER RESOLVED**, that the COA Presidents' Council Planning Committee shall be comprised of two (2) COA trustees appointed by the COA president and confirmed by the COA Board of Trustees to serve as chair and vice chair of the committee; and, representatives from four (4) COA societies chosen at random by the COA societies. All societies will serve a two-year term except for the first year, two societies will be randomly selected to serve two-year terms and two societies will be randomly selected to serve one-year terms. A society may not be represented on the committee again until each society has been selected for the committee.

**2014 PR#7 House of Delegates**

**BE IT RESOLVED**, that the House of Delegates, designated as the annual meeting of the California Optometric Association, remain a two-day meeting.

**2013 PR#1 Amendment of the Low Vision Rehabilitation Section Dues Structure**

**RESOLVED**, student members of LVRS shall not be required to pay dues.

**2013 PR#2 Extension of the Legislative Fund Assessment**

**RESOLVED**, that the 2013 House of Delegates approves extending the special monthly dues assessment applied to all active COA members, excluding, retired, life, and post-graduate members, newly graduated doctors of optometry until the first month of the calendar year following graduation, as well as distinguished and special achievement members who would otherwise qualify for retired or life membership in an amount not to exceed sixteen dollars (\$16.00) per member per month, until such time that the COA House of Delegates determines the assessment is unnecessary. The assessment funds collected shall be used solely for future scope of practice enhancement and protection.

**2013 PR#3 COA Nominating Committee and Applicant Interview Process**

**RESOLVED**, that the 2013 California Optometric Association House of Delegates establish the following operating procedures for the COA Nominating Committee:

1. The operating policies and procedures of the COA Nominating Committee (Committee) shall provide for the professional, fair and lawful consideration of applicants.
2. A majority of the Committee shall constitute a quorum for any official action of the Committee.
3. The Committee shall, on its own initiative, make a dedicated effort to identify and recruit qualified individuals for office. The committee may seek assistance from, and work with, COA societies, committees and the board of trustees, and may use COA communications mediums to identify and recruit officer, trustee, speaker and vice speaker applicants.
4. In carrying out its duty to identify and recruit qualified candidates, the Committee shall give consideration to broad representation of the COA membership with regards to such factors as, but not limited to, geographical location and modes of practice.
5. The Committee shall schedule and conduct in-person applicant interviews. A telephone interview of an applicant may be conducted subject only to an emergency as determined by a majority vote of the Committee. The Committee's meetings and deliberations shall be held in executive session. Notwithstanding the foregoing, the COA executive director may be present at any applicant interview or committee recommendation deliberation.
6. The Committee shall be prohibited from asking applicants questions or addressing subject areas or otherwise make inferences deemed by the COA House of Delegates or applicable state or federal statute or rules to be inappropriate or unlawful. Such prohibited questions and subject areas shall include, but not be limited to, those that relate to race, color, religion, national origin, age, medical condition, disability, marital status, sex (including sexual harassment), sexual orientation; or could be considered slanderous or otherwise discriminatory of the applicant's legally sanctioned practice style or employment.
7. The Committee shall interview and evaluate applicants relative to who are best qualified in terms of leadership qualities and abilities for the position they are seeking. The interviews may also be based on the information contained in the applicant's application, resume or curriculum vitae and, the qualifications and duties of officers and delegates as set forth in the

COA bylaws. The Committee shall not make nominations based on whether the applicant's views coincide with those of individual committee members.

8. The Committee shall be permitted to conduct "exit" or other interviews of currently serving officers, trustees, speaker and vice speaker for the sole purpose of assisting in determining the qualifications of officer, trustee, speaker and vice speaker applicants.
9. The Committee shall submit a written report to the COA secretary-treasurer at least 45 (forty-five) calendar days prior to the first session of that year's COA House of Delegates meeting containing a slate of officer, trustee, speaker and vice speaker nominees it determines best meet the minimum qualifications and ability to fulfill the responsibilities for the applicable position without regard to the number of positions open.
10. The Committee members shall, during the entire term of their appointment, communicate and discuss, in writing or orally, only amongst themselves the consideration or potential consideration of any applicant or potential applicant except as otherwise provided for in these bylaws or COA House of Delegates resolution; and,

**BE IT FURTHER RESOLVED**, that if the COA Proposed Bylaws Amendment #3, relating to the COA Nominating Committee, considered during the 2013 COA House of Delegates meeting is amended to conflict with or not support any provision of this resolution, then the bylaw amendments so adopted will take precedence; and,

**BE IT FURTHER RESOLVED**, that the adoption of this policy resolution shall render any existing policy resolution related to the COA Nominating Committee, its operations and procedures, null and void.

#### **2013 PR#6                      Review of Policy Resolutions**

**RESOLVED**, that to promote COA HOD meeting efficiency and focus on items of major concern to COA, its members and the profession of optometry, the annual review of COA HOD resolutions five years or more old be reviewed by the COA HOD under the below guidelines:

1. A standing COA HOD meeting agenda item be the review by the COA HOD of then-active and standing policy resolutions adopted five years previously, along with related recommendations from the COA Board of Trustees and COA societies
2. The COA Board of Trustees be directed to review each year all active and standing policy resolutions adopted five years or more previously and place on the COA HOD agenda only those policy resolutions it recommends for amendment and/or classification change, or rescission and archive
3. COA societies be encouraged to review each year all then-active and -standing policy resolutions adopted five years or more previously and place on the COA HOD agenda those policy resolutions they recommend for amendment and/or classification change, or rescission and archive
4. COA place and maintain on its website the COA HOD active, standing policy and archived resolutions to which societies and delegates can refer to in carrying out this resolution

**BE IT FURTHER RESOLVED**, that the adoption of this policy resolution shall render any existing policy resolution related to the COA HOD review of policy resolutions null and void.

#### **2012 PR#2                      House of Delegates Procedures and Agenda**

**RESOLVED**, the California Optometric Association reaffirm that it will hold an annual House of Delegates and that the organization of that meeting be so constructed that it primarily and most efficiently has on the House of Delegates agenda matters of major concern to the association and its members, which would include Policy Resolutions; By-Laws amendments; Budget and Financial oversight; Legislation; Board Member Elections, and any other matters of major significance to Optometry in California, and be it further

**RESOLVED**, that the organization of the House of Delegates give precedence and sufficient time to those matters that require discussion, delegate input, and consideration by the delegates and optometric societies, and be it further

**RESOLVED**, that the California Optometric Association have House of Delegates changes in place for the 2013 annual meeting.

**2012 PR# 4 Stand-Alone Vision Plan Inclusion in the California State Healthcare Benefit Exchange**

**RESOLVED**, that The California Optometric Association strongly supports, on behalf of the citizens and families of California, the inclusion of stand-alone vision plans in the California Health Benefit Exchange.

**2011 PR#1 Collaborative Health Care Task Force**

**RESOLVED**, that the COA Board of Trustees encourage the Healthcare Delivery Systems Committee make as a priority collaborations with other health care organizations and agencies.

**2011 PR#5 NBEO Clinical Skills Exam**

**RESOLVED**, that the COA introduce at AOA House of Delegates a resolution urging the postponement of this new policy establishing a single site for administering part three of the NBEO clinical skills exam until all interested parties (i.e. AOA, AOSA, COA, UCBSO, UCOSA, SCCO Student Association, Western University Student Association) have ample opportunity to provide input; and be it further

**RESOLVED**, that the COA introduce at the AOA House of Delegates a resolution calling for a second testing site on the west coast prior to any further implementation of a policy consolidating CSE testing sites; and be it further

**RESOLVED**, that the COA immediately express its concern and disappointment to the NBEO, as well as AOSA, state boards of optometry, and schools of optometry, regarding the NBEO's decision to offer its part III exam in a single location; and be it further

**RESOLVED**, that should there be no other resolution of this unfair and burdensome requirement for west coast applicants to travel to the east coast for testing that the COA petition the California State Board of Optometry to explore the possibility of allowing California schools of optometry to develop an equivalent California State Practical Examination which could be conducted cooperatively by the California schools.

**2010 PR#2 Political Contributions**

**RESOLVED**, that is the sense of the 2010 House of Delegates that all volunteer decision makers called upon to commit COA resources for any reason fully

consider the sensitivity of the issue or issues for which those resources may be used.

**2010 PR#3 Optometric Services in Hospitals**

**RESOLVED**, that the California Optometric Association affirm its support for the affiliation of Doctors of Optometry with hospitals and other multidisciplinary health care settings and optometrists' independent access to diagnostic testing procedures and equal access to hospital privileges, and be it further

**RESOLVED**, that a copy of the position statement entitled, "Position Statement on Optometric Services in Hospitals," or the most recent revision published by the American Optometric Association be suitably archived for review in conjunction with this policy resolution.

**2010 PR#6 Proportional Voting by California Delegates to AOA House of Delegates**

**RESOLVED**, that each delegate of this Association to the annual Congress of the American Optometric Association House of Delegates shall be free to cast his or her vote(s) independently, and bloc voting shall not be required.

**2009 PR#1 Adoption of the Low Vision Rehabilitation Section Bylaws**

**RESOLVED**, that each member of the Section shall pay to the California Optometric Association annual dues of \$50.00; and be it further

**RESOLVED**, that the 2009 COA House of Delegates ratify the proposed Low Vision Rehabilitation Section Bylaws.

**2009 PR#4 Legislative Fund Assessment**

**RESOLVED**, that it is the sense of the 2009 House of Delegates that, for purposes of expenditures from the Legislative Fund, the phrase "to be used solely for future scope of practice enhancement and protection" may include ongoing efforts recommended by the Legislation-Regulation Committee and approved by the Board of Trustees that build and strengthen the organization's ability to advocate, communicate, and influence both legislative and electoral outcomes in support of optometry's agenda.

**2009 PR#5 Distinguished Membership Status for SCCO President and Past AOA President Dr. Kevin Alexander**

**RESOLVED**, that Dr. Kevin Alexander be elected to California Optometric Association membership as a distinguished member.

**2007 PR#2 Relationship of Computer Vision Syndrome to Musculoskeletal Disorders**

**RESOLVED**, that the California Optometric Association recognizes that Computer Related Vision Syndrome (to include ocular discomfort, muscular strain and stress) has a significant impact on the comfort and productivity of individuals who engage in computer use in the work place and in their personal lives, and be it further

**RESOLVED**, that the California Optometric Association urge Doctors of Optometry to actively educate their patients, and where feasible employers, relating to the important role of eye and vision care to minimize the symptoms and enhance the visual performance and overall efficiency of individuals working at a computer, and be it further

**RESOLVED**, that a copy of the position paper entitled, "The Relationship of Computer Vision Syndrome to Musculoskeletal Disorders," published by the American Optometric Association, be suitably archived for review in conjunction with this policy resolution.

**2007 PR#3 Eyecare Services in Nursing Facilities**

**RESOLVED**, that the California Optometric Association affirm its support for regular vision and eye care, and an increased access to such care by those (often elderly) individuals residing in long term care facilities by Doctors of Optometry, and be it further

**RESOLVED**, that the Board of Trustees of the California Optometric Association investigate the feasibility of sponsoring legislation to modify the statutes, regulations, or rules that directly or indirectly restrict or encumber access to eye care services within nursing facilities; and be it further

**RESOLVED**, that a copy of the position statement entitled, "Position Statement on Eye Care Services in Nursing Facilities," or the most recent revision published by the American Optometric Association be suitably archived for in conjunction with this policy resolution.

**2007 PR#6 Regular Optometric Care**

**RESOLVED**, that it is the policy of the California Optometric Association that at a minimum regular comprehensive eye examinations be administered by an eye care professional according to the following schedule:

<b><u>Patient Age</u></b>	<b><u>Examination Interval</u></b>	
	<b><u>Asymptomatic/Risk Free</u></b>	<b><u>At Risk</u></b>
Birth to 24 Months	By 6 months of age	By 6 months of age or as recommended
2 to 5 years	At 3 years of age	At 3 years of age or as recommended
6 to 18 years	Before first grade and every two years thereafter	Annually or as recommended
18 to 40 years	Every two to three years	Every one to two years or as recommended
41 to 60 years	Every two years	Every one to two years or as recommended
61 and older	Annually	Annually or as recommended

**RESOLVED**, that a copy of the position statement entitled, "Recommendations for Regular Optometric Care," published and revised by the American Optometric Association, be suitably archived for review in conjunction with this policy resolution.

**2007 PR#7 Low Vision, Learning, and Dyslexia**

**RESOLVED**, that it is the policy of the California Optometric Association that:

- People at risk for learning-related vision problems should receive a comprehensive optometric evaluation. This evaluation should be conducted as part of a multidisciplinary approach in which all appropriate areas of function are evaluated and managed.
- The role of the optometrist when evaluating patients for learning-related vision problems is to conduct a thorough assessment of eye health and visual functions and communicate the results and recommendations.
- The expected outcome of optometric intervention is an improvement in visual function for patients with learning-related vision problems by therapy which may include lenses, prisms, and vision therapy

And be it further

**RESOLVED**, that a copy of the position statement entitled, "Vision, Learning, and Dyslexia," published and revised by the American Optometric Association be suitably archived for review in conjunction with this policy resolution.

**2006 PR#6 Support of the American Academy of Optometry**

**RESOLVED**, that the California Optometric Association be supportive of the American Academy of Optometry and of the Academy's efforts to recruit Fellowship applications and encourage membership of Doctors of Optometry in California.

**2004 PR#1 Reserve Fund**

**RESOLVED**, that the first \$1,200,000 of the Reserve Fund be held in cash, cash equivalents and fixed income investments; and be it further

**RESOLVED**, that an amount not to exceed 20% of the total Reserve Fund may be invested in conservative, minimum risk, securities/equities, as approved by the COA Finance Committee and the Board of Trustees, provided that the minimum amount of \$1,200,000 is maintained in the Fund; and be it further

**RESOLVED**, that income derived from investments shall be placed in the Reserve Fund until such time as the total Reserve Fund equals an amount equivalent to 6 months of the annual operating budget.

**2004 PR#4 Licensure by Endorsement**

**RESOLVED**, that the 2004 COA House of Delegates endorses the concept of Licensure by Endorsement for optometrists.

**2004 PR#9 House of Delegates Scheduling**

**RESOLVED** that the House of Delegates recommend to the COA Board of Trustees to hold the Annual House of Delegates meeting during the months the California Legislature is in session in Sacramento if feasible.

**2004 PR#12 InfantSEE**



**RESOLVED**, that the 2004 California Optometric Association House of Delegates strongly supports and endorses the American Optometric Association InfantSEE program and encourages every COA member to sign up for and participate in this public service program to improve the eye and vision care for children in the state of California.

### **2003 PR# 2 Reserve Fund**

**RESOLVED**, that the size of the reserve fund be set at a minimum of \$1,200,000 for fiscal year 2003-2004; and be it further

**RESOLVED**, that the appropriate size of the reserve fund should be reviewed every year in conjunction with the annual budget adoption process; and be it further

**RESOLVED**, that the appropriate size of the reserve fund should be approved annually by the House of Delegates; and be it further

**RESOLVED**, that any budget surplus should continue to be automatically transferred into the reserve fund after the completion of the annual financial audit; and be it further

**RESOLVED**, that a  $\frac{3}{4}$  vote of the entire Board of Trustees continue to be required to authorize spending from the reserve fund.

### **2001 PR#1 Project Keep**

**RESOLVED**, that in order to be eligible for the dues extension each year (within five years of licensure) the new licentiates must be active in the society and that this be evaluated by the society president on a year to year basis; and be it

**RESOLVED**, that codified policy be changed as follows:

#### 7330 Project Keep

1. As a membership recruitment/retention technique, dues for new optometric licentiates will be based on the following structure.
2. Dues will be zero for the first two years of licensure; 20% of the full amount for the third and fourth years; 40% of the full amount for the fifth and sixth years; 60% of the full amount for the seventh and eighth years; 80% of the full amount for the ninth and tenth years; and, a full dues obligation for the eleventh year forward.
3. The maximum number of years of dues extension is ten years. *Adopted February 1989*
4. The Project Keep dues scale applies only to COA, Society, Cal-OPAC and PVL-LIT dues.
5. In order to qualify for Project Keep, a member must be continuously active as an officer or committee member in his/her local society, or have made a significant contribution to COA.
6. The Membership Chair and the COA Secretary/Treasurer will report to the Board on Project Keep at the end of each fiscal year. *House of Delegates Resolution 1989*

Dues changes become effective January 2002.

### **2000 PR# 16 Vision Therapy Inclusion in Vision Coverage**

**RESOLVED**, that the California Optometric Association encourage all private and government vision carriers, to include vision therapy as a benefit in plans which provide primary care.

**2000 PR#20 Relative Dues Category**

**RESOLVED**, that the percentage of dues paid in any individual dues category will not be changed without passage of a resolution by the House of Delegates.

**1999 PR#16 Credentialing Criteria**

**RESOLVED**, that the California Optometric Association endorses and ratifies Resolution #4 of the 1998 AOA House of Delegates, which encourages all optometrists to seek therapeutic licensure and encourages managed care entities to show reasonable accommodations for those doctors of optometry who have not yet attained therapeutic licensure.

**1998 PR#B-6 Impartial Bylaw and Resolution Analysis**

**RESOLVED**, that before publication of the bylaw amendment or resolution analysis, it be submitted to the author of the resolution for review and additional comments.

**1998 PR#B-10 Optometric Vision Therapy**

**RESOLVED**, that the COA Board of Trustees should continue actively promoting the broad scope of optometric services as an inclusion in all government and private health care plans.

**1997 PR#3 Resolution Information**

**RESOLVED**, that the COA Board of Trustees research, prepare and publish factual background information and potential budgetary impact for each resolution.

**1997 PR#5 Public Relations and Marketing of Optometric Services to Combat Illiteracy**

**RESOLVED**, that the COA consider marketing optometric care to healthy start programs, reading recovery programs, schools, learning centers, and managed care organizations or any other institutions that serve persons who need optometric services.

**1997 PR#7 Optometric Input in the Establishment of Telemedicine Protocols**

**RESOLVED**, that the COA explore the clinical applications of telemedicine both current and in development and encourage optometric dialogue in the establishment of any future telemedicine conventions, protocols or legislative initiatives; and be it further

**RESOLVED**, that COA submits a similar resolution to the AOA House of Delegates.

**1997 PR#8 Communication of Board of Trustees' Actions to Societies**

**RESOLVED**, that all California Optometric Association Board of Trustees minutes be distributed to all society presidents and secretaries within a thirty day period after approval; and let it further be

**RESOLVED**, that Board members' voting records be documented.

**1997 PR#21 Optometric Locator Service**

**RESOLVED**, that the COA Board of Trustees study the necessary steps to promote optometry's interest by way of establishing a public relations program, public service announcements and media advertisements.

**1996 PR#3 Vision Therapy Exclusion**

**RESOLVED**, that the California Optometric Association legislative program take assertive action to include optometric vision therapy and orthoptic treatment as benefits of California Children's Services, and be it further

**RESOLVED**, that litigative action be considered to require that optometrists not be discriminated against in their ability to provide services to those patients covered by either government programs or private insurance companies, and be it further

**RESOLVED**, that the California Optometric Association meet with insurance companies believed to be discriminating against services performed by optometrists to communicate Association members' displeasure with the discrimination and the Association's intent to pursue legislation and/or litigation to correct the situation.

**1995 PR#1 Staff/Volunteer Communication**

**RESOLVED**, that the House of Delegates herein assembled declares that there shall be no prohibition against Association staff members and volunteers of the Association maintaining communication with regard to the activities of this Association, and be it further;

**RESOLVED**, that the COA Board of Trustees amend the present employee manual to include a vehicle to address employee grievances as soon as possible.

**1995 PR#5 Disclosure Of Conflict Of Interest**

**RESOLVED**, that the Board of Trustees develop disclosure and conflict of interest guidelines; and be it further;

**RESOLVED**, that all elected officials, staff employees and paid consultants of the California Optometric Association and all volunteers in the California Optometric Association structure be required to complete and file a Disclosure of Conflict of Interest Report, and be it further;

**RESOLVED**, that an appropriate Board committee be formed to adjudicate and resolve conflicts as they occur.

**1995 PR#10 Credit Card Dues Payments**

**RESOLVED**, that the California Optometric Association Board of Trustees be encouraged to submit a resolution to the American Optometric Association House of Delegates requesting that state optometric associations collecting dues by credit card be allowed to pass through the discount fee on the American Optometric Association dues portion to the American Optometric Association.

**1995 PR#A-3 Board of Trustees/Volunteer Communication**

**RESOLVED**, that the California Optometric Association Board of Trustees and its officers be encouraged to communicate directly and adequately with affected volunteers where they wish to change COA's ongoing programs.

**1994 PR#A-4 Disaster Relief Plan**

**RESOLVED**, that the California Optometric Association Board of Trustees encourage doctors of optometry to volunteer their services during natural and man-made disasters and follow relevant state and federal rules on how they can participate in disaster relief efforts.

**1993 PR#5 Medi-Cal Sponsored Managed Care Programs**

**RESOLVED**, that the COA develop a program for dissemination at a society level that will allow societies to present a competitive program on an organized approach to MEDI-Cal sponsored managed care programs.

**1992 PR#5 COA/California State Board of Optometry Peer Review/Investigation**

**RESOLVED**, that the California Optometric Association promulgate information to its members regarding methods of complaint submission to the California State Board of Optometry, the processing and prioritizing of their complaints, and the usual course of violation investigation with the California State Board of Optometry.

**1992 PR#7 Mandatory Continuing Education**

**RESOLVED**, that the California Optometric Association Board of Trustees safeguard the statutory authority for mandatory optometric continuing education and promote the development and maintenance of regulations that have a positive impact on patient care.

**1992 PR#A-6 Medicare Working Relationship**

**RESOLVED**, that the California Optometric Association Board of Trustees be encouraged to create a working relationship with Medicare and its carriers for the purpose of enhancing the provision of quality service and ophthalmic materials for the benefit of the patients and to help in correcting errors or miscalculations in their reimbursement schedules.

**1991 PR#2 California Vision Project, Management**

**RESOLVED**, that the California Optometric Association urge the California Vision Project board to appoint a proven, committed volunteer to head the California Vision Project, and that this individual have not duties with a higher priority, and be it

**RESOLVED**, further, that an active statewide committee with a regular and frequent meeting schedule be appointed to promote and conduct the California Vision Project; and be it

**RESOLVED**, further, that information and promotional materials concerning the California Vision Project be given to the local societies far in advance so that local efforts can produce a maximum effect.

**1991 PR#A-5 Continuing Education for Practice Management Course**

**RESOLVED**, that the Board of Trustees of the California Optometric Association be encouraged to convey to the California State Board of Optometry its desire to recognize for credit practice administration and patient management courses which could positively impact the quality of patient care.

**1990 PR#2 Annual Congress Held In California**

**RESOLVED**, That the California Optometric Association hold its Annual Congress within the State of California.

**1990 PR#A-1 Alliance with Allied Health Professionals**

**RESOLVED**, That the California Optometric Association Board of Trustees and staff be encouraged to form a strong and cooperative alliance with other allied health professional organization such as the California Dental Association, the California Pharmacists Association, the California Chiropractic Association and any other organization that shares common interest with the California Optometric Association; and be it

**RESOLVED** further, That the alliance be encouraged to conduct periodic (perhaps quarterly) meetings between the organizations, including letters of support, sharing of information, and any other cooperative measures that the Board and staff feel would be in the best interest of the California Optometric Association.

**1990 PR#A-5 COA Working with COLA**

**RESOLVED**, That the California Optometric Association Board of Trustees be encouraged to create a working relationship with the California Optical Laboratories Association for the purpose of further enhancing the provision of quality service and ophthalmic materials in a timely manner for the benefit of patients.

**1989 PR#A-1 AOA Delegate Votes**

**RESOLVED**, that the California Optometric Association's Board of Trustees be requested to change COA Codified Policy regulating AOA delegate votes from two (2) to four (4) votes.

**RESOLVED**, that in all cases, the delegate vote shall be at least one-half of total delegation vote. This shall be achieved by dividing the votes equally among the delegates present.

**1989 PR#A-15 Support of American Optometric Foundation**

**RESOLVED**, that the California Optometric Association continue its ongoing support of the American Optometric Foundation in its function of providing the necessary funds for the support of optometric research.

**1984 PR#A-11 Optometric Education Requirements**

**RESOLVED**, That the California Optometric Association support the maintaining of equivalency in educational and clinical requirements to those of American optometry school graduates and nothing less as a prerequisite for California licensure.

**1983 PR#A-3 Practice of Optometry by Non-Licensed Persons**

**RESOLVED**, That the COA Board of Trustees pursue the enforcement of current optometric laws relating to what constitutes the practice of optometry; and be it further

**RESOLVED**, That the COA Board of Trustees be asked to seek changes in California law, if necessary, to restrict non-licensed personnel from practicing optometry.

**1981 PR#A2 House Of Delegates Approval Of COA Budget**

**RESOLVED**, That the COA annual budget continue to be presented annually at the annual COA Congress; and be it

**RESOLVED**, further, That the COA House of Delegates be empowered to review and approve the COA Budget presented to the House of Delegates at COA's annual Congress.

**1980 PR#A-5(a) Illegal Yellow Page Listings**

**RESOLVED**, That the California Optometric Association immediately take any and all steps necessary to stop the illegal listings under the "optometrists" heading in the yellow pages.

**1978 PR#A-4 Hypertension Screening**

**RESOLVED**, that the California Optometric Association go on record using optometrists to actively screen their patients for the detection of hypertension.

**1975 PR#A-13 Distribution of Congress Resolutions**

**RESOLVED**, that the COA Resolutions Committee be instructed to distribute the resolutions to be discussed at the COA Congress to all local societies, not less than thirty (30) days prior to the annual COA Congress; and it be further

**RESOLVED**, that the COA Resolutions Committee be instructed to distribute all background data that is available relating to Congress resolutions not less than thirty (30) days prior to the annual COA Congress.