

LEGISLATIVE COMMITTEE MINUTES

SB284

Bill as Introduced

SB 284 - AS INTRODUCED

2022 SESSION

22-2906

11/05

SENATE BILL **284**

AN ACT relative to the treatment of glaucoma.

SPONSORS: Sen. Ward, Dist 8; Sen. Soucy, Dist 18; Sen. Watters, Dist 4; Sen. Ricciardi, Dist 9; Sen. Hennessey, Dist 1; Sen. Avard, Dist 12; Sen. Giuda, Dist 2; Sen. Birdsell, Dist 19; Sen. Whitley, Dist 15; Sen. Carson, Dist 14; Sen. Cavanaugh, Dist 16; Sen. Prentiss, Dist 5; Rep. Lundgren, Rock. 5; Rep. Yakubovich, Merr. 24

COMMITTEE: Health and Human Services

ANALYSIS

This bill modifies the requirements for optometrists who treat glaucoma.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struck through~~].
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to the treatment of glaucoma.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Treatment of Glaucoma. Amend RSA 327:6-c to read as follows:

2 327:6-c Treatment of Glaucoma.

3 I.(a) Optometrists seeking authorization to treat glaucoma shall complete at least 40 hours
4 of classroom education, approved by the board, incorporating: epidemiology of the glaucomas;
5 genetics of the glaucomas; anatomy, physiology, and mechanics of aqueous inflow and aqueous
6 outflow; optic nerve anatomy and pathophysiology; neurotoxicity and neuroprotectants; receptor
7 biology; pharmacology, clinical use and toxic effects of alpha and beta adrenergic agents, carbonic
8 anhydrase inhibitors, prostanoids and cholinergic agents.

9 (b) Optometrists shall pass an examination approved by the board that covers the
10 educational components listed in subparagraph (a). Upon passage of such exam, an optometrist
11 shall have prescriptive authority during the clinical management period pursuant to RSA 327:6-a.

12 (c) The board shall waive the requirements of this paragraph and of paragraph II for
13 optometrists who have either graduated after 2002 or who have proof of 12 months of credentialed
14 privileges to treat glaucoma by the United States Department of Defense or Department of Veteran
15 Affairs or the national Indian Health Service, *or who are certified by the American Board of*
16 *Optometry*, verified by the board.

17 II.(a) To be authorized to initiate treatment of glaucoma for patients 18 years of age or older,
18 a therapeutic pharmaceutical agent certified optometrist shall complete the educational
19 requirements in paragraph I and provide evidence of written referrals and consultations with an
20 ophthalmologist. For purposes of this section, [~~glaucoma" means primary open angle glaucoma;~~
21 ~~and~~] "ophthalmologist"; means a physician licensed under RSA 329 with a specialty in
22 ophthalmology. The joint credentialing committee shall review evidence of glaucoma co-
23 management submitted pursuant to subparagraph (b).

24 (b) Except as provided in subparagraph I(c) or paragraph III, therapeutic
25 pharmaceutical agent certified optometrists are required to provide evidence of successful
26 collaborative treatment and co-management of 25 glaucoma patients, up to 5 of which may be
27 established patients, during a period of not less than 18 months for each patient, to ophthalmologists
28 according to the following criteria:

29 (1) A new or existing glaucoma patient is examined and diagnosed by the
30 optometrist;

SB 284 - AS INTRODUCED

- Page 2 -

1 (2) The optometrist develops a proposed treatment plan and forwards the plan with
2 examination documentation to an ophthalmologist for consultation;

3 (3) The ophthalmologist [~~examines the patient and~~] reviews the optometrist's
4 examination documentation and proposed treatment plan;

5 (4) The ophthalmologist, optometrist, and patient mutually agree to and document a
6 treatment plan;

7 (5) The optometrist shall consult with the co-managing ophthalmologist when any of
8 the following occurs: the patient's target pressure is not reached within 90 days; the patient is
9 experiencing documented progression of optic nerve damage; the patient develops documented and
10 repeated progression of visual field loss; or the patient develops angle-closure [~~or other secondary~~
11 ~~glaucoma~~]; and

12 (6) For each successfully co-managed glaucoma patient the optometrist and co-
13 managing ophthalmologist shall complete a glaucoma credentialing reporting form and submit the
14 form to the joint credentialing committee upon completion of the 18 months of treatment.

15 III. The joint credentialing committee may waive or reduce the requirements of RSA 327:6-c,
16 I and II for the following categories of optometrists:

17 (a) Optometrists with a license and proof of practice for 12 months treating glaucoma
18 patients in another state that currently authorizes the treatment of glaucoma by optometrists; or

19 (b) Optometrists who have proof of successful completion of a 12-month accredited
20 optometric residency program or its equivalent.

21 IV. Upon certification to treat glaucoma patients[~~;~~

22 ~~(a) For a period of 24 months, optometrists shall consult with an ophthalmologist within~~
23 ~~30 days for each new glaucoma patient for confirmation of diagnosis and review of treatment plan.~~

24 ~~(b)]~~ An optometrist shall consult with an ophthalmologist within 30 days when any of
25 the following occurs:

26 ~~[(1)]~~ (a) The patient is experiencing documented progression of optic nerve damage
27 or the patient develops documented and repeated progression of visual field loss on maximum
28 tolerated topical medical therapy; or

29 ~~[(2)]~~ (b) The patient develops angle-closure [~~or other secondary glaucoma~~].

30 2 Effective Date. This act shall take effect 60 days after its passage.

CHAPTER 91
SB 284 - FINAL VERSION

2022 SESSION

22-2906
11/05

SENATE BILL

284

AN ACT

relative to the treatment of glaucoma.

SPONSORS:

Sen. Ward, Dist 8; Sen. Soucy, Dist 18; Sen. Watters, Dist 4; Sen. Ricciardi, Dist 9;
Sen. Hennessey, Dist 1; Sen. Avard, Dist 12; Sen. Giuda, Dist 2; Sen. Birdsell, Dist
19; Sen. Whitley, Dist 15; Sen. Carson, Dist 14; Sen. Cavanaugh, Dist 16; Sen.
Prentiss, Dist 5; Rep. Lundgren, Rock. 5; Rep. Yakubovich, Merr. 24

COMMITTEE:

Health and Human Services

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22-2906
11/05

STATE OF NEW HAMPSHIRE

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6 anatomy and pathophysiology; neurotoxicity and neuroprotectants; receptor biology; pharmacology,
7 clinical use and toxic effects of alpha and beta adrenergic agents, carbonic anhydrase inhibitors,
8 prostanoids and cholinergic agents.

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10 educational components listed in subparagraph (a). Upon passage of such exam, an optometrist shall
11 have prescriptive authority during the clinical management period pursuant to RSA 327:6-a.

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14 privileges to treat glaucoma by the United States Department of Defense or Department of Veteran Affairs
15 or the national Indian Health Service, ***or who are certified by the American Board of Optometry***, verified by
16 the board.

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18 therapeutic pharmaceutical agent certified optometrist shall complete the educational requirements in
19 paragraph I and provide evidence of written referrals and consultations with an ophthalmologist. For
20 purposes of this section, [~~"glaucoma" means primary open angle glaucoma; and~~] "ophthalmologist";
21 means a physician licensed under RSA 329 with a specialty in ophthalmology. The joint credentialing
22 committee shall review evidence of glaucoma co-management submitted pursuant to subparagraph (b).

23 (b) Except as provided in subparagraph I(c) or paragraph III, therapeutic pharmaceutical
24 agent certified optometrists are required to provide evidence of successful collaborative treatment and co-
25 management of 25 glaucoma patients, up to 5 of which may be established patients, during a period of not
26 less than 18 months for each patient, to ophthalmologists according to the following criteria:

27 (1) A new or existing glaucoma patient is examined and diagnosed by the optometrist;

28 (2) The optometrist develops a proposed treatment plan and forwards the plan with
29 examination documentation to an ophthalmologist for consultation;

30 (3) The ophthalmologist [~~examines the patient and~~] reviews the optometrist's
31 examination documentation and proposed treatment plan;

CHAPTER 91
SB 284 - FINAL VERSION
- Page 2 -

1 (4) The ophthalmologist, optometrist, and patient mutually agree to and document a
2 treatment plan;

3 (5) The optometrist shall consult with the co-managing ophthalmologist when any of the
4 following occurs: the patient's target pressure is not reached within 90 days; the patient is experiencing
5 documented progression of optic nerve damage; the patient develops documented and repeated
6 progression of visual field loss; or the patient develops angle-closure [~~or other secondary glaucoma~~]; and

7 (6) For each successfully co-managed glaucoma patient the optometrist and co-
8 managing ophthalmologist shall complete a glaucoma credentialing reporting form and submit the form to
9 the joint credentialing committee upon completion of the 18 months of treatment.

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11 and II for the following categories of optometrists:

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13 in another state that currently authorizes the treatment of glaucoma by optometrists; or

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15 optometric residency program or its equivalent.

16 IV. Upon certification to treat glaucoma patients[~~:-~~

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18 ~~days for each new glaucoma patient for confirmation of diagnosis and review of treatment plan.~~

19 ~~(b)]~~ An optometrist shall consult with an ophthalmologist within 30 days when any of the
20 following occurs:

21 ~~[(1)]~~ **(a)** The patient is experiencing documented progression of optic nerve damage or
22 the patient develops documented and repeated progression of visual field loss on maximum tolerated
23 topical medical therapy; or

24 ~~[(2)]~~ **(b)** The patient develops angle-closure [~~or other secondary glaucoma~~].

91:2 Effective Date. This act shall take effect 60 days after its passage.

Approved: May 20, 2022
Effective Date: July 19, 2022

Committee Minutes

SENATE CALENDAR NOTICE

Health and Human Services

Sen Jeb Bradley, Chair
 Sen James Gray, Vice Chair
 Sen Kevin Avard, Member
 Sen Tom Sherman, Member
 Sen Rebecca Whitley, Member

Date: December 17, 2021

HEARINGS

| | Thursday | 01/13/2022 |
|-----------------------------|--|------------|
| | (Day) | (Date) |
| Health and Human Services | State House Reps Hall | 9:00 a.m. |
| (Name of Committee) | (Place) | (Time) |
| 9:00 a.m. SB 284 | relative to the treatment of glaucoma. | |
| 9:30 a.m. SB 288 | prohibiting the requiring of COVID-19 vaccinations for schools or child care agencies. | |
| 10:30 a.m. SB 319-FN | relative to vaccination status and wellness incentives. | |

EXECUTIVE SESSION MAY FOLLOW

Sponsors:

SB 284

Sen. Ward
 Sen. Hennessey
 Sen. Whitley
 Rep. Lundgren

Sen. Soucy
 Sen. Avard
 Sen. Carson
 Rep. Yakubovich

Sen. Watters
 Sen. Giuda
 Sen. Cavanaugh

Sen. Ricciardi
 Sen. Birdsell
 Sen. Prentiss

SB 288

Sen. Avard
 Rep. Ladd

Sen. Reagan
 Rep. Hill

Sen. French
 Rep. Homola

Sen. Gannon
 Rep. Ammon

SB 319-FN

Sen. Rosenwald
 Sen. Soucy
 Sen. Kahn
 Rep. Woods

Sen. Prentiss
 Sen. Sherman
 Sen. Perkins Kwoka
 Rep. Knirk

Sen. Watters
 Sen. D'Allesandro
 Rep. Weber
 Rep. Allard

Sen. Whitley
 Sen. Cavanaugh
 Rep. Marsh

Cameron Lapine 271-2104

Jeb Bradley
 Chairman

Senate Health and Human Services Committee
Cameron Lapine 271-2104

SB 284, relative to the treatment of glaucoma.

Hearing Date: January 13, 2022

Time Opened: 9:03 a.m.

Time Closed: 9:23 a.m.

Members of the Committee Present: Senators Bradley, Gray, Avard and Whitley

Members of the Committee Absent: Senator Sherman

Bill Analysis: This bill modifies the requirements for optometrists who treat glaucoma.

Sponsors:

Sen. Ward

Sen. Soucy

Sen. Watters

Sen. Ricciardi

Sen. Hennessey

Sen. Avard

Sen. Giuda

Sen. Birdsell

Sen. Whitley

Sen. Carson

Sen. Cavanaugh

Sen. Prentiss

Rep. Lundgren

Rep. Yakubovich

Who supports the bill: Senator Ruth Ward (Senate District 8), Senator Sue Prentiss (Senate District 5), Dr. Angel Sawyer, Dr. Alison Loranger, Dr. Winnie Tseng, Curtis Barry (NH Optometric Association), Dr. Dorothy Hitchmoth, Dr. Erica Griffin, Senator David Watters (Senate District 4), Senator Sharon Carson (Senate District 14), Senator Kevin Cavanaugh (Senate District 16), Senator Kevin Avard (Senate District 12), Senator Regina Birdsell (Senate District 19), Senator Bob Giuda (Senate District 2), Senator Erin Hennessey (Senate District 1), Wendy Crusberg, Brian Klinger, Guy Lessard, Sarah Jagatic, Chris Daldine, Senator Donna Soucy (Senate District 18), Thomas Kwiatkowski, Robin Vogt, Elizabeth Reese, Sarah Cheek, Sheree Dawe, Emily Frank, Jodi Evans, Tammy Thorne-Moody, Catherine Peternel, and Christy Lavigne.

Who opposes the bill: Pam Wicks.

Who is neutral on the bill: Douglas Osterhoudt (OPLC).

Summary of testimony presented in support:

Senator Ruth Ward

Senate District 8

- Senator Ward said that SB 284 is a request of the New Hampshire Optometric Association.
- Senator Ward said that the optometric scope of practice is defined in statute and was put in place in 2002. The statute authorizes the treatment of primary open-angle glaucoma, signified by raised intraocular pressure.
- Senator Ward said that New Hampshire is one of three states that does not allow optometrists to treat all forms of glaucoma.
- Senator Ward said that SB 284 would allow optometrists who have the appropriate training to treat all forms of glaucoma and benefit patients who will no longer need to be referred to an ophthalmologist for co-managed care.

Dr. Angel Sawyer

- Dr. Sawyer has been a Doctor of Optometry since 2009 and practices in both Conway and Berlin.
- Dr. Sawyer said that glaucoma is a disease that leads to damage to vision, which 3 million Americans suffer from and is the second leading cause of blindness. She said that glaucoma is treatable but presents few, if any, symptoms until it has progressed.
- Dr. Sawyer said that the scope of practice for optometrists has been set in statute since 2002 and includes treatment for a single type of glaucoma. She said that there are many other types of glaucoma that optometrists are unable to treat in New Hampshire, despite having the same level of training that allows them to treat open-angle glaucoma.
- Dr. Sawyer said that she could treat glaucoma but cannot by statute, forcing her North Country patients to travel extensively for the additional care.
- Dr. Sawyer said that Massachusetts has recently moved forward with a more open optometry scope of practice and New Hampshire has one of the most restrictive in the country.
- Dr. Sawyer said that some requirements for co-managing care of glaucoma would continue in certain situations, including when there are acute cases that need treatment with a laser, when the patient is under the age of 18, and other situations.
- Dr. Sawyer said that SB 284 is a compromise from long discussions between New Hampshire optometrists and ophthalmologists.
- Senator Bradley asked if the Medical Society was in support of the compromise in SB 284.
 - Dr. Sawyer indicated that they were.

Dr. Alison Loranger

- Dr. Loranger moved to New Hampshire after practicing in several other states, including Rhode Island and Colorado. She said that she was shocked when she discovered the restrictive glaucoma treatment regulations in New Hampshire.

- Dr. Loranger studied for nine years to become a doctor but is still required to consult with an ophthalmologist for two full years since each patient is new to her care.
- Dr. Loranger said that the current statute is outdated and not in-line with modern educational practices.
- Dr. Loranger said that optometrists are doctor-level providers and have prescriptive authority, including controlled substances, and can order blood work.

Dr. Winnie Tseng

- Dr. Tseng owns a group practice in the North Country and is the go-to practice for primary and medical care for her communities.
- Dr. Tseng said that she does not have the authority to treat glaucoma because she was licensed prior to 2002. She said that SB 284, Page 1, Lines 12 and 13 deal with optometrists who graduated before 2002. She said that currently they have to go through a long and tedious process.
- Dr. Tseng said that she has 25 patients who have one type of glaucoma that have to go to an ophthalmologist for treatment, meaning they have to travel an hour or two to be seen for co-management.
- Dr. Tseng said that it took her many years to receive her certification because one of her co-managing ophthalmologists retired, another relocated, and some patients relocated, resetting the clock for her certification.
- Dr. Tseng said that she considered moving out of state because of the restrictive scope of practice. She said that limiting optometrists is a disservice to the patients.

Summary of testimony presented in opposition: None.

Neutral Information Presented: None.

cml

Date Hearing Report completed: January 14, 2022

Speakers

Senate Remote Testify

Health and Human Services Committee Testify List for Bill SB284 on 2022-01- Support: 27 Oppose: 1

| <u>Name</u> | <u>Title</u> | <u>Representing</u> | <u>Position</u> |
|---------------------------|------------------------|----------------------------|------------------------|
| Osterhoudt, Douglas | State Agency Staff | OPLC | Neutral |
| Wicks, Pam | A Member of the Public | Myself | Oppose |
| Watters, Senator David | An Elected Official | Myself | Support |
| Carson, Senator Sharon | An Elected Official | Myself | Support |
| Cavanaugh, Senator Kevin | An Elected Official | Myself | Support |
| Avard, Senator Kevin | An Elected Official | SD 12 | Support |
| Barry, Curtis | A Lobbyist | Myself | Support |
| Birdsell, Senator Regina | An Elected Official | Senate District 19 | Support |
| Ricciardi, Senator Denise | An Elected Official | Senate District 9 | Support |
| Hitchmoth, Dorothy | A Member of the Public | Myself | Support |
| Giuda, Bob | An Elected Official | Senate District 2 | Support |
| Hennessey, Sen Erin | An Elected Official | Myself | Support |
| Crusberg, Wendy | A Member of the Public | Myself | Support |
| Klinger, Brian | A Member of the Public | Myself | Support |
| Lessard, Guy | A Member of the Public | Myself | Support |
| Jagatic, Sarah | A Member of the Public | Myself | Support |
| Daldine, Chris | A Member of the Public | Myself | Support |
| Seney, Senator | An Elected Official | SD 18 | Support |
| atkowski, Thomas | A Member of the Public | Myself | Support |
| Vogt, Robin | A Member of the Public | Myself | Support |
| Michaud, Jeffrey | A Member of the Public | Myself | Support |
| Reese, Elizabeth | A Member of the Public | Myself | Support |
| Cheek, Sarah | A Member of the Public | Myself | Support |
| Dawe, Sheree | A Member of the Public | Myself | Support |
| Frank, Emily | A Member of the Public | Myself | Support |
| Evans, Jodi | A Member of the Public | Myself | Support |
| Thorne-Moody, Tammy | A Member of the Public | Myself | Support |
| Peternel, Catherine | A Member of the Public | Myself | Support |
| Lavigne, Christy | A Member of the Public | Myself | Support |

Testimony

January 13, 2022

Testimony in support of SB 284: An Act Relative to the Treatment of
Glaucoma

Mr. Chairman, members of the committee:

I'm Dr. Winnie Tseng. I am an optometrist, and have been in practice in New Hampshire for over 20 years. I am one of the owners of a group practice in Littleton, Woodsville and Lincoln.

I am here to give some of my insights through another set of optics with regards to SB 284.

Being in the north country and in a rural setting, our practice is the go-to practice for primary and medical eye care to our communities. We treat a myriad of eye conditions and diseases including glaucoma. But for many years, I did not have the authority to treat glaucoma independently because I graduated in 2001. *If I may ask you to refer to Page 1, lines 12-13, those line items pertained to me and some of my colleagues who graduated before 2002.*

As you know, under the current statute, optometrists who graduated prior to 2002 have to go through a tedious and logistically difficult process of obtaining therapeutic glaucoma certification. To clarify the context of my testimony, *please refer to page 1, lines 24 to 28, and page 2 lines 3-4.*

As referred in those lines, I had to have 25 cases of only one particular type of glaucoma that I had to have my fellow ophthalmologist co-manage with me.

Our patients in the north country would travel 1 to 2 hours to meet an ophthalmologist **face-to-face** for a set period of time to prove co-management of these cases have been reviewed by the ophthalmologist. And these cases had to be for only one type of glaucoma, primary open angle glaucoma, and as you may know, there are many types of glaucoma we have been trained to treat, but we could not use the other types of glaucoma in our cases, for the certification process. This is one of the reasons it took me many years to attain certification status. Other reasons were my co-managing ophthalmologist retired, and then another one relocated and on occasions, patients relocated, in which case I had to start over again.

It was a process that was unnecessary to not just me, but to the patients I served, because a number of them did not want to see another eye doctor for providing the same care I provided for them. I actually contemplated moving to another state in the beginning of this process because if I were practicing in almost all the other states of the country, I would be able to treat glaucoma independently regardless of when I graduated, as I was academically and clinically trained to do. It's ironic to note the associates in my practice who graduated later than I did, in 2002 onward, with the same education I received, were able to independently treat glaucoma without the restrictions I had.

Needless to say, those restrictions impeded not only access to quality eye care for our patients, but timely quality eye care. Since I had to co-manage with a sponsoring ophthalmologist, and due to the fact there are only a couple of ophthalmologists in our neck of the woods, the limited number of ophthalmologists means patients had to wait, sometimes too long, for a co-management appointment with another eye doctor who would be managing these glaucoma cases the exact same way I was managing them. These duplicative care scenarios are inefficient to our health care system, and more importantly, it does a disservice to our patients as we failed to provide a timely, access to care.

You may ask: How will SB 284 benefit the patients? SB 284 would take away the burden on our patients in that they will be provided with a timely, quality eye care that would be sustainable to our health care system. If co-management is needed with an ophthalmologist like in my experience, a face-to-face encounter is not mandatory. This is especially helpful for our rural patients, who are not eager to travel hours to get duplicative care. SB 284 is a patient-centric, modernized bill that would ensure we are reaching closer and closer to our goal on preserving the eyesight of our glaucoma patients because there is going to be quality eye care that is easily accessible for the citizens of New Hampshire. By increasing access to care to highly trained and qualified optometrists, patients will be reassured their local eye doctors are ready to provide them with the highest quality eye care they deserve, without the burden of long travel and wait times.

TESTIMONY IN SUPPORT OF:
SENATE BILL 284: An Act relative to the treatment of glaucoma.
JANUARY 13, 2022

Submitted by:
Alison Loranger, OD
30 John King Drive
Goffstown, NH 03045

My name is Doctor Alison Loranger and I was born and raised in Bedford, NH. I currently live in Goffstown and practice full-time in Manchester at New Hampshire Eye Associates. I started my career in Rhode Island in 2010 and then moved to my dream state, Colorado in 2012. My parents' health began to decline in 2019 and so my priorities changed and I moved back to my home state where I intend to finish out my career. It never crossed my mind that I would be coming home to a restrictive glaucoma law. I fully expected to practice optometry as I had since graduating in 2010. The reason I was so surprised was because after graduation, I landed my first job at a private practice in Rhode Island and started treating glaucoma without restriction. I did not have to clear cases with other providers or have anyone check my work. The same was true in Colorado. I also treated secondary glaucomas in both states from day one. In fact, New Hampshire has the most restrictive glaucoma laws in New England and is one of only three states in this country that cannot treat secondary glaucomas.

On top of that, I learned that despite having treated full-scope glaucoma independently for 9 years and studying it extensively in optometry school, I was required to consult with an ophthalmologist for all new glaucoma cases for a full TWO YEARS after receiving my NH license. Since every glaucoma patient was technically new to me, the ophthalmologists in my practice were burdened with having to review every single glaucoma patient that I saw. This is the same for every doctor moving to this state or new licensee in general since every glaucoma patient is new to them. This rule is outdated and is not in line with our modern education and the length of time that optometrists have been treating glaucoma. In this state and around the country, optometrists have been treating glaucoma for more than 20 years. I would like to remind the committee that optometrists are doctorate level providers with independent licenses to practice and we are not required to be monitored or have sign-offs for anything else that we do. We have prescriptive authority for oral and topical medications including controlled substances. We order MRIs, CT scans, ultrasounds, stroke workups, and blood work etc.

I needed to come home to New Hampshire for the sake of my family. But a lot of optometrists have a choice of where they want to practice and it makes sense that when choosing a job, they will weigh New Hampshire's current restrictions versus the ability to treat glaucoma fully to their level of education and training. Passing this bill will undoubtedly open New Hampshire to more candidates for the healthcare system and more top-notch eye care providers for the community.

I want to thank you for listening to me today and for serving our state and constituents to help make us better. I ask that you please support Senate Bill 284 to bring our laws into alignment with our modern training and the rest of the country. Thank you for your consideration.

Alison Loranger, OD

TESTIMONY IN SUPPORT OF:
SENATE BILL 284: An Act relative to the treatment of glaucoma.
JANUARY 13, 2022

Angelique M. Sawyer, OD, FAAO, Diplomate ABO
191 Poliquin Dr.
Conway, NH 03818

Mr. Chairman, members of the committee,

I thank you for the opportunity to speak to you today in support of Senate Bill 284, a bill that seeks to reduce unnecessary restrictions on the treatment of glaucoma by doctors of optometry in New Hampshire.

My name is Dr. Angelique Sawyer. I am an optometrist and have been practicing in NH since 2009. Originally from Nashua, I am now a resident of Conway NH, and, as owner of Conway Eye Care in North Conway and Coos Eye Care in Berlin, I provide eye care to a large portion of rural northeast New Hampshire.

In my practices, I see a large number of patients with glaucoma. Glaucoma is a disease in which progressive damage to the optic nerve results in permanent loss of vision. About 3 million Americans have glaucoma and it is the second leading cause of blindness worldwide. It is very treatable, but often has no symptoms, so detection and early treatment are critical.

As Senator Ward indicated in her introduction, optometrists are doctorate-level, independently practicing health providers, yet our scope of practice is dictated by state statute. Doctors of Optometry have been treating glaucoma in New Hampshire since 2002, when the current glaucoma statute was adopted. When glaucoma was added to the optometry statute 20 years ago, treatment was specifically restricted to a single type of glaucoma, the most common Primary Open Angle Glaucoma. Primary Open Angle Glaucoma has no identifiable cause and is characterized by high eye pressure, however there are many other common types of glaucoma, including low pressure glaucoma, glaucoma caused by abnormal ocular conditions or chronic ocular inflammation, glaucoma caused by medication use or by systemic conditions such as diabetes, and glaucoma caused by injury. These other forms of glaucoma are within the training and treatment capability of doctors of optometry, using the same methods of treatment currently used for primary open angle glaucoma.

For the nearly 10 years that I have been treating glaucoma in the North Country, although I have the training, the ability, and the tools to treat these other forms of glaucoma, I have been restricted from doing so. In those cases, I must have my patient receive their treatment from an ophthalmologist. In the past we have had ophthalmologists in the area or those who would travel to the North Country to provide care, but due to retirement and travel burden on providers, this is no longer available. My patients must travel 1-2 hours for care, when I should be able to care for them myself. However, even for my optometric colleagues who may have an ophthalmologist down the street, next door, or even under the same roof, it is unnecessary, inefficient, and

burdensome for the patient and the provider to refer all cases of glaucoma outside of primary open angle glaucoma.

In addition to restricting the type of glaucoma that we are able to treat, the current statute also dictates a burdensome process for doctors of optometry to become certified for the treatment of glaucoma. For those who graduated prior to 2002, there is an extensive in-person co-management process which Senate Bill 284 will also simplify, and my colleague, Dr. Winnie Tseng, will discuss that in more detail. In addition, any optometrist granted the certification to treat glaucoma in New Hampshire is required to consult with an ophthalmologist on ALL new cases of glaucoma for a period of 2 years. As my colleague Dr. Alison Loranger will discuss, that is a significant, unnecessary burden for an independent doctor, especially one moving from out of state who has already been treating glaucoma elsewhere. This restriction is also addressed by Senate Bill 284.

These restrictions on the treatment of glaucoma by doctors of optometry, put in place 20 years ago, are outdated and unnecessary. In the past, New Hampshire was a desirable place for practicing optometry, as it was considered to have a fairly good scope of practice. However, with legislative advances in other states, most notably Massachusetts, New Hampshire now has one of the most restrictive glaucoma treatment statutes in the country. I already mentioned how these restrictions impact me and my patients as an eye care provider, but as a small business owner, these restrictions make it quite challenging to recruit and hire additional doctors of optometry. I have been looking to add providers to my practice for nearly a year, as there is more demand for eye care in my region than I am able to promptly meet at this time. I have had interested candidates who are shocked to learn how they would be restricted here in New Hampshire and who have chosen to practice elsewhere as a result. These restrictions limit the ability to add top notch providers to our state.

While I have discussed a good deal of what Senate Bill 284 will change, I'd like to reiterate what it does NOT change. There will continue to be a requirement for an optometrist to refer: advanced cases of glaucoma which are not responding to treatment; acute cases of glaucoma that require prompt laser intervention; or cases of glaucoma in those under the age of 18. It is also important to note that we have had detailed discussions with the leadership of New Hampshire's ophthalmologists regarding this bill, and what you have before you is language that includes compromises resulting from those discussions. Senate Bill 284 as submitted is language that was agreeable to leadership of both optometry and ophthalmology.

In summary, Senate Bill 284 will remove unnecessary restrictions on the optometric treatment of glaucoma, to the benefit of our patients, our colleagues (both optometrists and ophthalmologists alike), and to the New Hampshire health care system. Thank you for your time and for your consideration in this important matter regarding the eye health of New Hampshire citizens.

Angelique M Sawyer, OD, FAAO, Diplomate ABO
Owner, Conway Eye Care and Coos Eye Care

Voting Sheets

Senate Health and Human Services Committee

EXECUTIVE SESSION RECORD

2021-2022 Session

Bill # SB 284

Hearing date: 1/13/22

Executive Session date: 1/13/22

Motion of: OTP Vote: 5-0

| Committee Member | Present | Made by | Second | Yes | No |
|-----------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----|
| Sen. Bradley, Chair | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | |
| Sen. Gray, Vice Chair | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Sen. Avar | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | |
| Sen. Sherman | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | |
| Sen. Whitley | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | |

Motion of: _____ Vote: _____

| Committee Member | Present | Made by | Second | Yes | No |
|-----------------------|--------------------------|---------|--------|--------------------------|----|
| Sen. Bradley, Chair | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Sen. Gray, Vice Chair | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Sen. Avar | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Sen. Sherman | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Sen. Whitley | <input type="checkbox"/> | | | <input type="checkbox"/> | |

Motion of: _____ Vote: _____

| Committee Member | Present | Made by | Second | Yes | No |
|-----------------------|--------------------------|---------|--------|--------------------------|----|
| Sen. Bradley, Chair | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Sen. Gray, Vice Chair | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Sen. Avar | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Sen. Sherman | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| Sen. Whitley | <input type="checkbox"/> | | | <input type="checkbox"/> | |

Reported out by: Sen. Bradley

Notes: _____

Committee Report

HEALTH AND HUMAN SERVICES

SB 284, relative to the treatment of glaucoma.

Ought to Pass, Vote 5-0.

Senator Jeb Bradley for the committee.

Docket of SB284

Docket Abbreviations

Bill Title: relative to the treatment of glaucoma.*Official Docket of SB284.:*

| Date | Body | Description |
|-------------|-------------|---|
| 12/14/2021 | S | To Be Introduced 01/05/2022 and Referred to Health and Human Services; SJ 1 |
| 12/17/2021 | S | Hearing: 01/13/2022, Room Representatives Hall, SH, 09:00 am; SC 50 |
| 1/26/2022 | S | Committee Report: Ought to Pass, 02/03/2022; SC 5 |
| 2/3/2022 | S | Ought to Pass: MA, VV; OT3rdg; 02/03/2022; SJ 2 |
| 3/23/2022 | H | Introduced 03/17/2022 and referred to Executive Departments and Administration |
| 3/30/2022 | H | Public Hearing: 04/11/2022 11:15 am LOB 302-304 |
| 4/13/2022 | H | Executive Session: 04/11/2022 11:15 am LOB 302-304 |
| 4/13/2022 | H | Committee Report: Ought to Pass (Vote 17-0; CC) HC 15 P. 8 |
| 4/21/2022 | H | Ought to Pass: MA VV 04/21/2022 HJ 10 |
| 5/13/2022 | S | Enrolled Adopted, VV, (In recess 05/12/2022); SJ 13 |
| 5/13/2022 | H | Enrolled (in recess of) 05/12/2022 |
| 5/24/2022 | S | Signed by the Governor on 05/20/2022; Chapter 0091; Effective 07/19/2022 |

NH House

NH Senate

Other Referrals

Senate Inventory Checklist for Archives

Bill Number: SB 284

Senate Committee: HHS

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

Bill Hearing Documents: (Legislative Aides)

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

Committee Action Documents: (Legislative Aides)

All amendments considered in committee (including those not adopted):

___ - amendment # _____ ___ - amendment # _____

___ - amendment # _____ ___ - amendment # _____

Executive Session Sheet

Committee Report

Floor Action Documents: (Clerk's Office)

All floor amendments considered by the body during session (only if they are offered to the senate):

___ - amendment # _____ ___ - amendment # _____

___ - amendment # _____ ___ - amendment # _____

Post Floor Action: (if applicable) (Clerk's Office)

Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

Enrolled Bill Amendment(s)

Governor's Veto Message

All available versions of the bill: (Clerk's Office)

___ as amended by the senate ___ as amended by the house

final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

Cameron M. Lapine
Committee Aide

6-23-22
Date

Senate Clerk's Office [Signature]