

# SB 440 improves access to quality eye care

DURING THE past several decades, education and training of doctors of optometry, like all health care providers, has advanced to the ultimate benefit of patients. Unlike other health care providers, however, the practice of optometry is arbitrarily limited by New Hampshire laws, which have failed to keep pace with these advancements and with the growing patient-driven demands in the health care marketplace today. The result is outdated, restrictive optometric practice laws in New Hampshire that needlessly limit access to quality eye care.

Doctors of optometry are the leaders in primary eye care, helping patients and their families achieve healthier eyes and bodies by examining, diagnosing, treating, and managing diseases and disorders of the eye. Optometrists complete 4 years of undergraduate education, an additional 4 years of rigorous classroom and clinical doctorate training, followed by national board examinations. In all 50 states, doctors of optometry independently prescribe topical and oral medications, order labs and imaging, perform in-office minor surgical procedures, diagnose and treat ocular diseases and emergencies, take after-hours calls, and provide direct treatment to their patients.

Senate Bill 440 will expand critical patient access by bringing outdated optometric practice laws in line with contemporary training and education, furthering advanced procedures and state



## Your Turn, NH

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board regulation for doctors of optometry. Without it, the state's population is denied full access to the high-quality care doctors of optometry deliver.

In New Hampshire, there are two counties without a single ophthalmologist, and another three counties with only a single ophthalmology office. Optometrists are the only eye care providers practicing in all 10 New Hampshire counties, providing eye care access to 100% of the state's population.

The American Academy of Ophthalmology has found that by 2035, the supply of ophthalmologists is projected to decrease by 12%, while demand will increase by 24%. This lack of access is getting worse as our population ages and many ophthalmology practices are not accepting new patients or certain insurances.

Optometrists have been safely and effectively providing advanced in-office

procedures in many states for decades. All optometric colleges and universities across the nation teach these advanced procedures and require intensive, hands-on clinical experience with a focus on diagnosis and treatment of ocular diseases. The procedures allowed in SB 440 have been performed by doctors of optometry since the 1980s in other states with safe and effective outcomes — having not a single board complaint, disciplinary action, or increase in malpractice rates, and without any increased incidence of complications when compared to ophthalmology.

Ophthalmologists, in an attempt to protect their market share, want you to believe it is acceptable to wait several months and travel far from home for procedures that can be performed within a week or even the same day in a local optometrist's office. For example, a patient whose vision is decreased due to a haze that commonly develops behind the lens implant after cataract surgery could have the condition treated the same day in-office by an optometrist in many other states, but not here in New Hampshire, where the wait for an ophthalmology referral is measured in months. The patient instead must make a separate trip to see a different provider with whom the patient is unfamiliar, requiring more time out of work for the patient and their driver, increasing the burden on the patient, the family, the other provider, and the health

care system.

There are even many optometrists here in New Hampshire that have experience performing these office procedures in other states, yet by moving to New Hampshire they were disallowed from doing so. Instead, optometrists must refer them to an ophthalmologist, which, in the best cases, results in a delay of care and adds more cost for the patient. In the worst cases, a patient does not have the means to get to an ophthalmologist, especially given the rural nature of our state, and they go without care.

Doctors of optometry have safely and effectively treated glaucoma in New Hampshire for more than 20 years, despite the same turf-protecting opposition from ophthalmology in 2002. Claims of a threat to patient safety were not true then and they are not true now.

SB 440 reduces patient cost, travel, and wait times by increasing access to quality care and increasing continuity of care while eliminating duplicative health care services.

If New Hampshire wants to attract and maintain the best doctors to take the best care of residents, and it wants timely, quality eye care, it is imperative that doctors of optometry are allowed to treat patients using our full education and training.

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