

Good afternoon,

My name is Dr. Kimberly Licciardi. I am an ophthalmologist practicing at New Hampshire Eye Associates in Manchester for the past 15 years. I am the Immediate Past President of the New Hampshire Society of Eye Physicians and Surgeons and currently serve on the Board of Directors for our society.

I want to take a moment to highlight the fact that the optometry and ophthalmology professions have collaborated and worked together for decades. We work together every day and often, in the same practices with collegiality and mutual respect. Optometrists are our valued colleagues. Our profession could not survive without theirs, and vice versa. In fact, in 2021, the ophthalmology community supported the glaucoma expansion bill to allow for treatment of secondary glaucoma and remove barriers that existed for optometrists to obtain their glaucoma certification. We supported that 2021 bill as it was safe and in the best interests of our patients. That is *not* the case for House Bill 349. We oppose HB349.

HB 349 seeks to allow optometrists, who are not medical doctors, to perform three laser surgeries. These surgical lasers are already performed by comprehensive ophthalmologists in our state. One procedure is a post -cataract surgery laser, and other two are very specific glaucoma lasers. These are once in a lifetime, non-urgent surgical procedures, some of which are declining in its clinical indication (Peripheral Iridotomy). These procedures require specialized knowledge and technical surgical skills that go beyond the scope of an optometrist's education and training, which are *non-surgical*.

Presently, 41 states plus Puerto Rico and the District of Columbia, and the VA prohibit optometrists from performing laser eye surgery. We would be the only state in New England permitting optometrists to perform surgical lasers should this legislation pass. Vermont rejected this very same bill in recent years, acknowledging that this is not in their communities' best interests.

In Oklahoma, where optometrists can currently do these lasers, a study of 1,400 procedures revealed that patients were more likely to require additional procedures when their surgery was performed by an optometrist. This adds to increased costs and burden to the patient. The claim that these are "simple" and "straight-forward" lasers are completely *misleading and false*. Every surgery, whether administered by scalpel or laser, is associated with risks. You will hear about these procedures from my colleagues here today, who are all deeply concerned about this harmful legislature. An Oklahoma patient, Vicki Rutledge, testified in NH last year after she was blinded by a laser administered by an optometrist. These are real stories. The risks of surgery are exponentially higher when a non-surgical profession is being tasked with surgical privileges. We do not wish to see these tragedies occur in New Hampshire. Vigorous surgical standards exist for a reason. Ophthalmologists are specifically educated and trained to perform surgeries. This requires not only a deep understanding of surgical anatomy but also the ability to handle associated complications and post-operative care.

Other states that have passed similar legislation, such as Louisiana and Mississippi, require that optometrists have demonstrated laser/surgical coursework in optometry school or have completed the 32 hour “weekend course”, both of which we find inadequate with regards to surgical training. The proposed legislation would also allow for a completely self-regulating board which would be unprecedented in the state of NH and be the only such board to exist in the continental US. The current medical providers that have independent boards, such as dentistry, podiatry, and physical therapy, operate under the auspices of OPL and require state legislature approval before the allowance of any expansion of practice. Given that the board would consist of 4 optometrists and that there are only 250 licensed optometrists in the state of New Hampshire, we have concerns about potential bias should a patient complaint arising from a procedure performed by an optometrist be brought forward. In the few states that allow optometrists to perform these lasers, there is under-reporting of complications and poor outcomes.

Claims that young optometrists may be leaving our state to move to states where they can perform lasers are unsubstantiated. Of the 239 optometrists that filed Medicare Part B claims from 2013-2020, zero filed a part B claim elsewhere for laser surgery in 2021. This means if they relocated, they did so for other reasons. In fact, not being allowed to perform lasers is not stopping new, young optometrists from relocating to New Hampshire. From 2013-2023, New Hampshire has added 73 young optometrists, giving a growth rate of 45.8%. The population growth rate overall for the state has only been 5.6%. Young optometrists are coming to our state to take advantage of what our state has to offer, and that goes well beyond their licensing laws. We want to continue to attract quality providers for the right reasons, not because they can practice “at the top of their license”.

Last year, we have heard the concerns about access to ophthalmic care, particularly in northern rural areas. As such, we have worked to formulate a solution that aims to bridge this gap while maintaining the high standards of care and patient safety. You will hear more about this from my colleagues. The solution is *not* to lower the standard of surgical care. Instead, we should work together collaboratively, understanding our differing expertise, and ensuring that surgical procedures are performed by those with the necessary training. Our community deserves that.