May 18, 1999

No. 32a

STATE OF NEW HAMPSHIRE

Legislative

SENATE CALENDAR

ADDENDUM

REPORTS

EDUCATION

CACR 16, relating to use of statewide property and personal income taxes. Providing that the general court shall use net revenues from statewide property and personal income taxes exclusively for educational purposes. Vote 6-0

Rereferred to Committee, Senator Squires for the committee.

CACR 17, relating to establishing a restricted education trust fund. Providing that an education trust fund be established, that all moneys designated for the purpose of state aid to education shall be deposited into such trust fund, and that the moneys in such trust fund shall be used exclusively for state aid to education. Vote 6-0

Rereferred to Committee, Senator D'Allesandro for the committee.

CACR 23, relating to the responsibility and authority of the general court to determine the content, extent, and funding of a public education. Providing that the general court shall have the exclusive authority to determine the content, extent, and funding of a public education and that the state may fulfill its responsibility to provide to all citizens the opportunity for a public education by exercising its power to levy assessments, rates, and taxes, or by delegating this power, in whole or part, to a political subdivision; provided that upon delegation, such assessments, rates, and taxes are proportional and reasonable throughout the state or the political subdivision in which they are imposed. Vote 6-0

Rereferred to Committee, Senator Johnson for the committee.

SB 219-FN-L, establishing a procedure for providing educational improvement assistance to local school districts. Vote 5-2

Ought to pass with amendment, Senator McCarley for the committee.

PUBLIC AFFAIRS

HB 562, relative to the date of decision for appeals of zoning matters. Vote 4-0

Ought to Pass, Senator Trombly for the committee.

PUBLIC INSTITUTIONS, HEALTH AND HUMAN SERVICES

SB 108, relative to the dispensing of medications by optometrists.

MINORITY REPORT: Ought to pass with amendment, Senator Gordon for the committee. Vote 3-3

MAJORITY REPORT: Ought to pass with amendment, Senator Squires for the committee. Vote 4-2

TRANSPORTATION

HB 477-FN, changing certain requirements for temporary plates on motor vehicles. Vote 4-0

Ought to Pass, Senator Russman for the committee.

HB 554, relative to driver education reciprocity. Vote 5-0

Ought to Pass, Senator Russman for the committee.

HB 573, clarifying the status of class VI highways. Vote 4-0

Ought to Pass, Senator Gordon for the committee.

HB 593-FN-L, relative to the classification of class VI roads which have been maintained by a town. Vote 4-0

Ought to Pass, Senator Russman for the committee.

AMENDMENTS

Senate Education

May 19, 1999

1999-1339s

04/01

Amendment to SB 219-FN-LOCAL

Amend the bill by replacing all after section 1 with the following:

2 Adequate Public Education; Delivery of an Adequate Public Education; Local Educational Improvement Plan. RSA 193-E:3 is repealed and reenacted to read as follows:

193-E:3 Delivery of an Adequate Education. In order to implement New Hampshire's policy of providing all students with the opportunity to acquire an adequate education, each school district shall put in place and evaluate the following quality standards:

I. By June 30, 2001, and every 3 years thereafter, each school district, through a process involving parents, teachers, employers, and other community members, shall prepare and implement a local education improvement and assessment plan and file such plan with the department of education. The department of education shall comment to the district on the plan in a timely fashion. Districts may reference the statewide education improvement and assessment plan established in RSA 193-E:4, VII, in preparing the district plan. At a minimum, the plan shall include:

(a) Curriculum and proficiency standards for all students.

(b) School and district performance goals based on reported data on educational indicators listed in paragraph II.

(c) Procedures for aligning curriculum, instructional practices, and student and programmatic assessments, including annual reporting of results.

(d) Local assessment measures which focus on individual student performance.

(e) Role of support services and programs.

(f) Role of instructional leadership.

(g) Strategies to promote family and community involvement; and

(h) Staff supervision and evaluation and performance-based professional development.

II.(a) By July 15, 2000, each school district shall report to the department of education its data for the previous school year on its school and district performance indicators. The requirements for data keeping and the form of the report shall be established in accordance with rules adopted by the state board of education. Performance indicators shall include the following areas:

(1) Attendance and dropout rates.

(2) School environment indicators, such as safe-school data.

(3) Proportion of graduating students going on to post-secondary education, military service, and the workplace; and

(4) Performance on state tests administered pursuant to RSA 193-C and other standardized tests administered at local option.

(b) In addition, local districts shall report on locally developed performance indicators and assessment measures.

III. Each public elementary, middle, junior high, and high school in the school district shall meet the standards for school approval adopted by the state board of education.

IV. Beginning December 1, 2001, and annually thereafter, the commissioner of education shall determine the extent to which each school district is meeting the quality standards established in paragraphs I, II, and III of this section. A school district that meets or exceeds the quality standards shall be recognized in accordance with RSA 193-E:4, II. A school district that does not meet the quality standards shall be designated by the commissioner of education as a school district in need of assistance. Each year, the commissioner of education shall provide a report of such determinations to the governor and council, state board of education, speaker of the house, president of the senate, and chairs of the house and senate committees responsible for education and finance.

V. Beginning no later than December 1, 2000, and annually thereafter, the department of education shall issue a report on the condition of education statewide and on a

district-by-district and school-by-school basis. This report shall include demographic and student performance data including, but not limited to, school and district performance on state tests administered pursuant to RSA 193-C, other standardized tests administered at local option by at least 25 percent of school districts, data provided under paragraph I of this section, as well as other relevant statistics. Comparisons with state averages and with the condition of each district and school in comparison with previous years shall be provided, including, but not limited to, statewide rankings of each district and school on the state tests administered pursuant to RSA 193-C and on other standardized tests administered at local option by at least 25 percent of the school districts. The report shall be organized and presented in a manner that is easily understood by the public and that assists each school board with the identification of trends, strengths, and weaknesses and the development of its local education improvement and assessment plan.

3 New Sections; Adequate Public Education; Education Improvement Assistance to Local School Districts. Amend RSA 193-E by inserting after section 3 the following new sections:

193-E:4 Educational Assistance to Local School Districts.

I. Within 60 days of the issuance of the annual report on the condition of education as provided in RSA 193-E:3, V each school board shall provide an opportunity for public discussion of the report at a meeting of the board called for the exclusive purpose of reviewing the report. At least 7 days advance public notice shall be given.

II. A school district that has been identified pursuant to RSA 193-E:3, IV as meeting or exceeding the quality standards shall receive formal recognition from the state board of education and the governor. Any school district, school, or teacher that demonstrates a best practice worthy of recognition shall also receive formal recognition from the state board of education and the governor. Such school districts, schools, or teachers shall be eligible to apply for grants from a special projects and improvement fund administered by the department of education pursuant to RSA 193-E:5, VII.

III.(a) A school board, in response to the annual report on the condition of education, may request from the department of education the assistance available under paragraph IV.

(1) If a school board requests assistance on behalf of a school district that has not been designated as a school district in need of assistance pursuant to RSA 193-E:3, IV, then the assistance requested under paragraph IV to be provided by the department of education shall be based on the availability of resources as determined by the commissioner of education.

(2) If a school board requests assistance on behalf of a school district that has been designated as a school district in need of assistance, then the school or district shall receive assistance from the department of education in accordance with subparagraph IV(a)(2).

(b) If a school board has received notice pursuant to paragraph VI, then the school district shall receive assistance from the department of education in accordance with subparagraph IV(a)(3).

IV. The department of education and the state board of education shall work cooperatively with school boards to provide assistance as follows:

(a)(1) Within 30 days of a school board's request for assistance pursuant to subparagraph III(a)(1), the commissioner of education may appoint a quality assurance team to review the educational programming and effectiveness of the school district. In cooperation with local officials, the team shall prepare and present a report at a regularly scheduled public meeting of

the local school board and to the state board of education. This report shall be issued within 4 months of the team's appointment. Based on this report, the local school board and superintendent shall, within 6 months of the issuance of the report, prepare a corrective action plan and submit it to the state board of education for approval. If the plan is not approved, the local school board may revise the plan and resubmit it to the state board. The school board may decide to implement the corrective action plan on its own, through the use of a technical assistance advisor, or through the use of a peer review team. Any such decision shall be included in the corrective action plan.

(2) Within 30 days of a school board's request for assistance pursuant to subparagraph III(a)(2), the commissioner of education shall appoint a quality assurance team to review the educational programming and effectiveness of the school district. In cooperation with local officials, the team shall prepare and present a report at a regularly scheduled public meeting of the local school board and to the state board of education. This report shall be issued within 4 months of the team's appointment. Based on this report, the local school board and superintendent shall, within 6 months of the issuance of the report, prepare a corrective action plan and submit it to the state board of education for approval. The school board may decide to implement the corrective action plan on its own, through the use of a technical assistance advisor, or through the use of a peer review team. Any such decision shall be included in the corrective action plan.

(3) Within 30 days of the issuance of a notice to a school board pursuant to paragraph VI, the commissioner of education shall appoint a quality assurance team to review the educational programming and effectiveness of the school district. In cooperation with local officials, the team shall prepare and present a report at a regularly scheduled public meeting of the local school board and to the state board of education. This report shall be issued within 4 months of the team's appointment. Based on this report, the local school board and superintendent shall, within 6 months of the issuance of the report, prepare a corrective action plan and submit it to the state board of education for approval. The school board may decide to implement the corrective action plan on its own, through the use of a technical assistance advisor, or through the use of a peer review team. Any such decision shall be included in the corrective action plan.

(b) If the state board of education does not approve a corrective action plan submitted in accordance with subparagraphs IV(a)(2) or IV(a)(3), then the commissioner of education shall work with the local school board and superintendent to revise the corrective action plan. If the local school board and superintendent do not revise the corrective action plan within 2 months or the state board of education does not approve the revised corrective action plan, then the commissioner of education shall submit in a timely manner a corrective action plan, including methods for implementing it, to the state board of education for approval without further action of the local school board.

(c) If an approved corrective action plan includes the use of a technical assistance advisor, then the commissioner of education shall appoint a technical assistance advisor who is authorized to access the state special projects and improvement fund to provide assistance to local school district staff in the implementation of the corrective action plan until the goals of the corrective action plan are met.

(d) If an approved corrective action plan includes the use of a peer review team, then the commissioner of education shall name a peer review team consisting of one person appointed by the chairperson of the local school board, one person appointed by the chairperson of the state board of education, and a third member chosen by the local school board and state board of education appointees to advise the school district's superintendent and the local school board relative to the implementation of the corrective action plan until the goals of the corrective action plan are met.

V. If, by the time of the annual school district meeting or by April 30 in a city with a dependent school department, the school board of a school district in which a school district has been designated as a school district in need of assistance pursuant to RSA 193-E:3, IV has not submitted a request for assistance under paragraph III, then the legislative body of the school district may vote to direct the school board to submit a request for assistance under paragraph III. If a majority of the legislative body votes in favor of requesting assistance, then that assistance shall be requested and provided in accordance with paragraphs III and IV.

VI. A school board shall have one year from the date that a school district has been designated as a school district in need of assistance pursuant to RSA 193-E:3, IV to remedy identified problems at the local level. If the school district is designated as a school district in need of assistance and the school board does not request assistance under paragraph III within one year of such designation, then on December 1 of the year following the designation, if the school district continues to be designated as a school district in need of assistance, the commissioner of education shall issue a notice to the school board and shall initiate a process for providing assistance pursuant to subparagraph IV(a)(3), without further action of the school board.

193-E:5 Assistance to Local School Districts.

I. By June 30, 2000, and every 3 years thereafter, the state board of education through a process that provides opportunities for public input from parents, employers, educators, and other citizens shall review and update the statewide education improvement plan developed in accordance with RSA 193-C that describes how the department of education will help schools and school districts improve student achievement. The plan shall include goals and strategies for the delivery of technical assistance and professional development, the sharing of best practices, the modification or expansion of existing programs, and the establishment of new programs.

II.(a) Notwithstanding any other provisions of law, no later than June 30, 2001, and every 5 years thereafter, the state board of education shall review and update school approval standards based on input from parents, employers, educators and other citizens.

(b) The state board of education shall work with a joint select committee of the house and senate education committees, whose members shall be appointed by the speaker of the house and the president of the senate, to identify amendments that should be made to the school approval standards to reflect the provisions of RSA 193-E. Further, any proposed amendments shall consider the recommendations of the adequate education and education financing commission established in RSA 198:49 and should be reviewed by the house and senate education committees, which may submit comments on the proposed amendments to the state board of education. The state board of education shall consider such recommendations and comments in adopting amendments to the school approval standards pursuant to RSA 541-A.

III. Beginning no later than January 1, 2000 the commissioner of education shall ensure that the state curriculum frameworks adopted under RSA 193-C shall be reviewed on a staggered, 5-year cycle such that no more than 2 frameworks are being reviewed at the same time. In order to provide reliable annual comparisons of data at the school and district levels, the statewide improvement and assessment program shall be expanded to include more than the 3 grades required under RSA 193-C:6.

IV. No later than January 1, 2000, the state board of education shall adopt rules, pursuant to RSA 541-A, establishing the requirements for data keeping and the form of the report as required in RSA 193-E:3, II.

V. No later than December 1, 2000, the state board of education shall adopt rules, pursuant to RSA 541-A, for the approval of corrective action plans as required by RSA 193-E:4, IV(a).

VI. The department of education shall implement credible procedures to review compliance with school approval standards.

VII. A special projects and improvement fund shall be established in the department of education and continually appropriated to the department. The department of education shall use moneys appropriated for this fund to provide grants to school districts pursuant to RSA 193-E:4, II. The department of education shall also use moneys appropriated for this fund to support the implementation of approved corrective action plans. The technical assistance advisor assigned to work in school districts pursuant to subparagraph IV(c) shall be authorized to access this fund in accordance with procedures established by the department of education.

193-E:6 Legislative Oversight Committee.

I. An oversight committee shall be established consisting of:

(a) The chairperson of the house education committee, or a designee.

(b) The chairperson of the senate education committee, or a designee.

(c) One member of the house of representatives, appointed by the speaker of the house.

(d) One member of the senate, appointed by the senate president.

(e) One member of the house finance committee, appointed by the speaker of the house.

(f) One member of the senate finance committee, appointed by the senate president.

II. The chair of the oversight committee shall rotate biennially between the chairperson of the house education committee and the chairperson of the senate education committee. The first chairperson shall be the chairperson of the house education committee. A member shall only serve while a member of the general court. The members shall not be compensated but shall receive mileage at the legislative rate when carrying out their duties.

III. The oversight committee shall examine the goals, purposes, organization, operation, and financing of the state's program to provide a constitutionally adequate education, and it shall evaluate and make recommendations for the continued provisions and improvement of the program.

IV. The oversight committee shall review the development and implementation of the program to ensure that they are in accordance with legislative policy.

V. The oversight committee shall submit a report to the general court by June 30, of each even-numbered year. Copies of the report shall be submitted to the governor, the senate finance and education committees, the house finance and education committees, the department of

education, the department of revenue administration and to any other individual or organization as the committee deems advisable.

193-E:7 Enforcement. The attorney general has authority to enforce the provisions of this act in accordance with New Hampshire law through appropriate civil and equitable relief, including but not limited to injunctive relief.

4 Repeal. RSA 194:23-d, relative to state financial aid to elementary schools and high schools which are approved by the state board of education, is repealed.

5 Effective Date. This act shall take effect July 1, 1999.

Public Institutions, Health and Human Services-Minority

May 18, 1999

1999-1331s

10/09

Amendment to SB 108

Amend the title of the bill by replacing it with the following:

AN ACT relative to the co-management of primary open-angle glaucoma.

Amend the bill by replacing all after the enacting clause with the following:

1 Statement of Purpose. The general court finds that as the state's health care delivery system becomes more complex, there is a need to assure high quality eye care including the preservation of appropriate safe guards and the maintenance of consumer confidence. Purchasers of health insurance are demanding high quality eye care from health plans and providers. Eye care providers strive for high quality by incorporating evidence-based medical knowledge with the needs and desires of patients. The co-management of glaucoma patients by optometrists and ophthalmologists will serve to increase the likelihood of desired health outcomes, consistent with current professional standards, and may provide measurable data upon which a decision about future legislation can be based.

2 Definition Modified; Pharmaceutical Agent. Amend RSA 327:1, III(d) to read as follows:

(d) Antibiotics, sulfonamides, and combinations thereof, which are topically applied or orally administered to treat or alleviate the effects of disease or abnormal conditions of the

human eye, adnexa, and eyelids, excluding treatment of [~~the lacrimal drainage system,~~] the lacrimal gland, or structures posterior to the iris, approved by the joint pharmaceutical formulary board and included in the formulary.

3 Definition Modified; Pharmaceutical Agent. Amend RSA 327:1, III(h) to read as follows:

(h) Orally administered analgesic agents used for the purpose of alleviating pain caused by a disease or abnormal condition of the human eye or eyelid, excluding treatment of [~~the lacrimal drainage system,~~] the lacrimal gland, or structures posterior to the iris. This may include class III and IV controlled substances approved by the joint pharmaceutical formulary board and included in the formulary.

4 New Subparagraphs; Pharmaceutical Agent. Amend RSA 327:1, III by inserting after subparagraph (j) the following new subparagraphs:

(k) Anti-glaucoma agents which are topically applied or orally administered, provided that the anti-glaucoma agents are administered in accordance with RSA 327:1-a and RSA 327:1-b.

(l) Antivirals which are topically applied or orally administered, and corticosteroids which are topically applied, subject to the condition that the pharmaceutically certified optometrist shall consult with a licensed ophthalmologist with whom he or she has a co-management relationship when proscribing antivirals or corticosteroids. The consultation shall be in a manner to be determined by the ophthalmologist.

5 New Sections; Co-Management of Primary Open-Angle Glaucoma; Quality Assurance Committee. Amend RSA 327 by inserting after section 1 the following new sections:

327:1-a Co-Management of Primary Open-Angle Glaucoma. A pharmaceutically certified optometrist may treat primary open-angle glaucoma upon diagnosis subject to the following conditions:

I. Prior to initiating treatment for primary open-angle glaucoma, a pharmaceutically certified optometrist shall establish a relationship with a licensed ophthalmologist for the purpose of co-managing a glaucoma patient and shall provide such patient with written disclosure regarding such relationship.

II. A pharmaceutically certified optometrist shall exercise the current standard of care when diagnosing, treating, and co-managing glaucoma and shall consider all appropriate factors which shall include, but not be limited to:

(a) Assessment of intraocular pressure.

(b) Optic nerve head cupping and appearance.

(c) Nerve fiber layer changes.

(d) Automated threshold visual field analysis.

(e) Evaluation of the anterior chamber angle.

III. A pharmaceutically certified optometrist shall consult with a co-managing licensed ophthalmologist or another ophthalmologist of the patient's choosing, in a manner to be determined by the ophthalmologist, prior to initiating pharmaceutical treatment of primary open-angle glaucoma.

IV. A pharmaceutically certified optometrist and a co-managing licensed ophthalmologist shall jointly agree to protocols and develop a written individualized treatment plan in accordance with currently accepted standards of care, which is agreed to by both the ophthalmologist and the optometrist and includes but is not limited to the following:

(a) Results of the tests and examinations that led to the diagnosis;

(b) Target intraocular pressures;

(c) Types of medications to be used;

(d) A schedule of follow-up visits with the ophthalmologist;

(e) Surgical referral criteria; and

(f) A schedule for a periodic consultation with the co-managing licensed ophthalmologist, in a manner to be determined by the ophthalmologist, to occur at least once every 12 months.

V. A treatment plan developed under this section may be modified after both the optometrist and ophthalmologist agree to the modification.

VI. If the results of a treatment plan do not meet the target goals within a time frame currently accepted as the medical standard of care in the treatment and management of primary open-angle glaucoma, a pharmaceutically certified optometrist shall immediately consult with the co-managing licensed ophthalmologist in a manner to be determined by the ophthalmologist.

VII. A pharmaceutically certified optometrist who co-manages primary open-angle glaucoma with a licensed ophthalmologist under the provisions of this section shall provide such ophthalmologist with written reports throughout the co-management period as requested by the ophthalmologist.

VIII. Notwithstanding any other provision of law, a pharmaceutically certified optometrist may initiate emergency treatment for acute angle closure glaucoma and shall immediately refer the patient to a licensed ophthalmologist.

IX.(a) The board shall determine the composition of the glaucoma co-management case reporting forms with recommendations from the glaucoma co-management quality assurance committee established under RSA 327:1-b.

(b) One form shall be required for each open-angle glaucoma patient, with a code for patient and case identification in order to identify the referring optometrist and to maintain patient confidentiality. Each reporting form shall be submitted to the glaucoma co-management quality assurance committee. The reporting forms shall include at least the following information:

(1) The names and signatures of the optometrist and ophthalmologist;

(2) The optometrist's initial diagnosis, proposed treatment plan, and target intraocular pressure;

(3) Written results of tests, examinations, copies of visual field tests, and any other supporting documentation from the patient's medical record;

(4) The actual treatment plan and target intraocular pressure agreed upon by the optometrist and ophthalmologist; and

(5) A section for the members of the glaucoma co-management quality assurance committee to indicate the results of their review and evaluation of the case.

327:1-b Glaucoma Co-Management Quality Assurance Committee.

I. There is hereby established a glaucoma co-management quality assurance committee. The committee shall consist of 2 New Hampshire licensed pharmaceutically certified optometrists appointed by the New Hampshire board of registration in optometry, 2 New Hampshire licensed ophthalmologists appointed by the New Hampshire board of medicine, and a licensed pharmacist nominated by the New Hampshire pharmacy board who shall serve as chair. The committee shall evaluate each case submitted for completeness and appropriateness of documentation and the appropriateness of the diagnosis and treatment plan.

II. The committee shall meet annually in Concord in a state-owned facility and shall issue an annual report of its findings and conclusions relative to the total patient outcomes with respect to treatment of primary open-angle glaucoma on or before December 1, 2001 to the speaker of the house, the senate president, the New Hampshire board of registration in optometry, the New Hampshire board of medicine, and appropriate committee chairs of both houses. The report shall include, but not be limited the following information:

(a) A summary of the case evaluations by the committee members;

(b) The number of patients co-managed under the provisions of RSA 327:1-a;

(c) The number of optometrists and ophthalmologists co-managing patients under the provisions of RSA 327:1-a.

(d) The number of new cases of primary open-angle glaucoma; and

(e) A summary of the outcomes of the co-managed patients.

6 New Paragraph; Authorization; Use of Certain Pharmaceutical Agents. Amend RSA 327:6-a by inserting after paragraph V the following new paragraph:

VI. Notwithstanding any other law to the contrary, an optometrist who is not certified to use pharmaceutical agents in the practice of optometry may use topically applied anesthetics, dyes, mydriatics, and cycloplegics for diagnostic purposes only.

7 New Paragraphs; Rulemaking Authority. Amend RSA 327:31 by inserting after paragraph IX the following new paragraphs:

X. The composition and format of the glaucoma co-management case reporting forms as recommended by the glaucoma co-management quality assurance committee.

XI. Procedures for the glaucoma co-management quality assurance committee to collect data, evaluate case reports, and submit annual reports.

XII. A method for tracking the number of glaucoma cases.

8 Repeal. The unnumbered concluding paragraph of RSA 327:1, IV, relative to the exclusion from the definition of the practice of optometry of the treatment of glaucoma or other intraocular pressure elevation, or the prescribing, administering, or dispensing of corticosteroids, is repealed.

9 Effective Date. This act shall take effect upon its passage.

1999-1331s

AMENDED ANALYSIS

This bill provides for the co-management of patients with primary open-angle glaucoma by licensed pharmaceutically certified optometrists and licensed ophthalmologists.

Public Institutions, Health and Human Services

May 19, 1999

1999-1330s

10/09

Amendment to SB 108

Amend the title of the bill by replacing it with the following:

AN ACT relative to the co-management of patients with primary open-angle glaucoma and establishing a glaucoma co-management committee.

Amend the bill by replacing all after the enacting clause with the following:

1 Statement of Purpose. The general court finds that as the state's health care delivery system becomes more complex, there is a need to assure high quality eye care including the preservation of appropriate safe guards and the maintenance of consumer confidence. Purchasers of health insurance are demanding high quality eye care from health plans and providers. Eye care providers should strive for high quality by incorporating evidence-based medical knowledge with the needs and desires of patients. The co-management of certain glaucoma patients and the evaluation

of such co-management may serve to increase the likelihood of desired health outcomes consistent with current professional standards and may provide measurable data upon which a decision about future legislation can be based.

2 Modification of Definition; "Practice of Optometry". Amend the unnumbered concluding paragraph of RSA 327:1, IV to read as follows:

"Practice of optometry" shall not include and nothing in this chapter shall authorize or allow the treatment of glaucoma or other intraocular pressure elevation***, except as provided in RSA 327:35,*** or the prescribing, administering, or dispensing of corticosteroids in any form.

3 New Section; Glaucoma Co-Management; Committee Established. Amend RSA 327 by inserting after section 34 the following new section:

327:35 Co-Management of Patients with Primary Open-Angle Glaucoma; Committee Established.

I. There is hereby established a provision for the co-management of patients with primary open-angle glaucoma by licensed pharmaceutically certified optometrists and licensed ophthalmologists.

II. Optometrists shall refer all patients to a licensed ophthalmologist of the patient's choosing within 30 days in the event that an optometrist makes a preliminary diagnosis of glaucoma or suspects glaucoma. For the period January 1, 2000 through December 31, 2001, optometrists shall complete a glaucoma co-management reporting form pursuant to paragraphs VI or VII.

III. A pharmaceutically certified optometrist and a licensed ophthalmologist may co-manage patients with primary open-angle glaucoma provided that they obtain the patient's written consent to be co-managed, jointly agree to protocols, and develop a written individualized treatment plan in accordance with currently accepted standards of care. The written plan shall be agreed to by both the ophthalmologist and the optometrist and shall include, but not be limited to, the following:

(a) Results of tests and examinations that led to the diagnosis;

(b) Target intraocular pressures;

(c) Medications to be used;

(d) A schedule of follow-up visits with the optometrist;

(e) Surgical referral criteria; and

(f) A schedule for periodic referrals with the co-managing ophthalmologist, in a manner to be determined by the ophthalmologist, to occur at least once every 12 months.

IV. A treatment plan developed under this section may be modified only after both the optometrist and ophthalmologist mutually agree to the modification.

V. Optometrists shall immediately consult with the co-managing ophthalmologist when there is any significant change to the patient's condition, including but not limited:

(a) When the patient does not have the expected response to treatment;

(b) When there is any suspected adverse reaction to the treatment;

(c) When the patient's target intraocular pressure is not reached; or

(d) When there is worsening in a patient's visual field or optic nerve head.

VI. For the period of January 1, 2000 through December 31, 2001, when an optometrist does not want to participate in the co-management of a patient with primary open-angle glaucoma, or when a patient chooses not to be co-managed, or when the patient has another form of glaucoma, the optometrist shall submit a glaucoma co-management reporting form along with the written referral to the patient-selected ophthalmologist. Under such circumstances, the glaucoma co-management reporting form only needs to include the optometrist's initial diagnosis, the names of the optometrist and ophthalmologist, a code in place of the patient's name, and an indication that there will not be co-management.

VII. The New Hampshire Optometric Association and the New Hampshire Society of Eye Physicians and Surgeons shall recommend to the board, the composition of the glaucoma co-management case reporting forms. One form shall be required to be completed for each glaucoma patient, with a code for patient and case identification in order to identify the referring optometrist and to maintain patient confidentiality. Each reporting form shall be submitted by the co-managing ophthalmologist to the glaucoma co-management committee. The reporting forms shall include at least:

(a) The names and signatures of the optometrist and ophthalmologist;

(b) A place to indicate when there will not be a co-management arrangement;

(c) The optometrist's initial diagnosis, proposed treatment plan and target intraocular pressure;

(d) Written results of all tests, examinations, copies of visual field tests and any other supporting documentation from the patient's medical record;

(e) The actual treatment plan and target intraocular pressure agreed upon by the optometrist and ophthalmologist; and

(f) A section for the members of the glaucoma co-management committee to indicate the results of their review and evaluation of the case.

VIII. There is established a glaucoma co-management committee which shall consist of 2 New Hampshire licensed pharmaceutically certified optometrists appointed by the board, 2 New Hampshire licensed ophthalmologists appointed by the New Hampshire board of medicine, and a licensed New Hampshire pharmacist appointed by the New Hampshire pharmacy board, who shall serve as chair. The members shall be appointed within 60 days of the effective date of this section. The 2 optometrists and 2 ophthalmologists members shall individually evaluate each case submitted for completeness and appropriateness of documentation and for the accuracy of the diagnosis and treatment plan. The committee shall meet at least annually in Concord in a state-owned facility and shall submit annual reports on or before December 1 each year, to the board, the New Hampshire

board of medicine, the speaker of the house, the senate president, and appropriate committee chairs of both houses. The annual reports shall include, but not be limited to:

(a) The results of the individual case evaluations by the committee members;

(b) The number of new cases of primary open-angle glaucoma;

(c) The number of patients being co-managed;

(d) The number of optometrists and ophthalmologists participating in the co-management of glaucoma patients; and

(e) A summary of the co-management study.

4 New Paragraphs; Rulemaking Authority. Amend RSA 327:31 by inserting after paragraph IX the following new paragraphs:

X. The composition and format of the glaucoma co-management case reporting forms as recommended pursuant to RSA 327:35, VII, including provisions for patient confidentiality.

XI. Procedures for the glaucoma co-management committee to collect data, evaluate case reports, and submit annual reports.

5 New Paragraph; Authorization; Use of Diagnostic Pharmaceutical Agents. Amend RSA 327:6-a by inserting after paragraph V the following new paragraph:

VI. Notwithstanding any other law to the contrary, an optometrist who is not certified to use pharmaceutical agents in the practice of optometry may use topically applied anesthetics, dyes, mydriatics, and cycloplegics for diagnostic purposes only.

6 Effective Date. This act shall take effect upon its passage.

1999-1330s

AMENDED ANALYSIS

This bill provides for the co-management of patients with primary open-angle glaucoma by licensed pharmaceutically certified optometrists and licensed ophthalmologists.