

Committee members,

I wanted to provide some additional perspective regarding the proposed amendment to S.64 and respectfully ask for withdrawal of the amendment and passage of the bill as written. I believe this legislation is critically important for patient care and access in rural Vermont.

I want to share a real example of the access-to-care challenges we face here in the Northeast Kingdom.

Last summer, a patient from Derby Line experienced an acute glaucoma attack and initially presented to an optometry office in Newport. That office contacted us in St. Johnsbury because we have an ophthalmologist on staff, and the patient urgently needed a laser procedure to relieve dangerously high eye pressure. Unfortunately, our ophthalmologist was not in the office that day/week, so the patient ultimately had to drive nearly two hours to Dartmouth for treatment.

He then continued his follow-up care in New Hampshire afterward.

If this bill had already been in place, that patient could have received timely care locally, from an optometrist, instead of traveling hours during an emergency. That is exactly the type of gap in care this legislation is trying to address.

As optometrists, we are primary eye care providers, and we already diagnose and manage diseases such as glaucoma every day. Selective Laser Trabeculoplasty (SLT) is considered one of the first-line treatments for glaucoma, and in many parts of Europe it is the primary initial treatment.

These procedures are also part of our training in optometry school.

Additionally, the advanced procedures license outlined in this bill contains some of the most stringent educational and certification requirements in the country. Older optometrists or those not interested in pursuing additional procedural training simply would not apply for this license. The bill is specifically designed to ensure that only properly trained doctors perform these procedures.

I also think it is important to recognize the tremendous amount of time and effort that the Office of Professional Regulation put into developing this legislation. This bill was not written hastily. It was built after extensive review of education standards, patient safety data, outcomes in other states, and testimony from experts. The final language reflects a very thoughtful and evidence-based approach to expanding access to care while maintaining patient safety.

Rural Vermont is often overlooked when discussing healthcare access.

Our region is overwhelmed with patient demand. I am currently booking routine eye exams 14 months out because I have to prioritize established patients, leaving very little availability for new patients seeking care.

We desperately need more providers in this state. Expanding scope would absolutely help recruit optometrists to Vermont and improve access for patients, particularly in underserved rural communities.

Thank you for taking the time to consider this perspective and the real impact this legislation could have on Vermont patients.

Sincerely,

Julia Kitchens, O.D.
Shippee Family Eye Care