

Thanks for having me earlier today. I was asked to share a written version of my testimony.

My experience began in late October or early November of 2024, when I developed what initially appeared to be a small, painless sty on my eyelid. At first, it was primarily a cosmetic concern. As time passed, it became increasingly bothersome, prompting me to seek care. I was advised by a plastic surgery office that I would need to see an ophthalmologist, as my optometrist would not be able to treat the issue. I didn't have an ophthalmologist, as I had never needed one before.

When I reached out to Dr. Lane's ophthalmology office, I was told that the earliest available appointment would be at the end of March or early April which was several months away at that point. I also contacted providers within the UVM Health Network and even explored options in Massachusetts and New Hampshire, because I was willing to pay out of pocket if necessary. Still, I was unable to access timely care.

By early February of 2025, the condition had worsened significantly. What began as a minor issue became painful, visibly inflamed, and infected. After persistent efforts, I was eventually seen by an optometrist at Dr. Lane's office on February 14th 2025 for an initial evaluation. While I received antibiotics, I was told that definitive treatment—specifically incision and curettage or injections were not allowed to be performed by the provider who was able to see me. I continued to email photo updates of the worsening condition, even after taking the antibiotics, using the topical antibiotic ointment, and following all directions to use hot compresses, avoid make up, etc etc.

I ultimately underwent an I&C procedure on March 3rd 2025 by Dr. Lane when they were able to get me in at the last minute. However, due to the delay in care, the issue had progressed to the point where the chalazion had begun to drain externally through the skin of my eyelid, complicating the procedure and adding significant time to the healing process. I required additional antibiotics, experienced ongoing inflammation and external drainage for months, and later needed a steroid injection in May 2025 to address persistent symptoms. Even into June, the area had not fully healed and still drained externally.

Beyond the physical discomfort, I missed time from work, and experienced ongoing frustration navigating a system that could not provide timely care for a relatively common condition. If I, a fellow professional in a different health care field, could not find access to care even if I needed to pay for it out of pocket, how can we expect others with fewer means and limited understanding of complex health care systems to access their own care in a timely manner?

In November of 2025, I developed another sty on the same eye on the bottom lash line. This time, I acted immediately. Even so, the earliest appointment I could obtain was nearly a month later. Dr. Lane was able to inject both the new sty on my bottom lid and the remaining scar tissue from the upper lid's year old chalazion. When I had access to the injection fairly immediately on my lower lid, the issue resolved quickly. It could have

been like that with the chalazion on my upper lid if I had been able to access care immediately. I live in Fairfax, about 4 minutes from the Chittenden County line. This is not a circumstance where my own residence was the barrier to access providers. If I live 33 minutes from Burlington, how much worse is it for people who live outside of northwestern Vermont? Or for people who don't have the flexibility to drop everything, and reschedule their day when they get a phone call telling them to come into the office because a last minute appointment opened up? I'm lucky that missing a day or two of work to deal with the immediacy of an available appointment didn't mean that I had to choose between going to a medical appointment and paying my heating bill or buying groceries. I had a good experience with Dr. Lane's office and while I'm glad she was able to provide the care I needed, I still can't help but wonder how different my experience could have been if I had been able to see an optometrist who could have seen me within a week.

I share my experience not only as a patient, but also as a licensed clinical mental health counselor. In my profession, we are entrusted to practice within our scope, and it is the role of the Secretary of State, The Office of Professional Regulation, and the individual board that oversees each profession to ensure that licensees are appropriately trained and competent in the services they provide. I understand that licensure does not inherently guarantee competency in every possible intervention—each provider must pursue specific training and demonstrate proficiency before expanding their practice.

I believe the same principle needs to apply to other licensed professionals, including optometry. Allowing optometrists who have received appropriate, specialized training to perform procedures such as incision and curettage or injections would significantly improve access to care. It would not mean that all optometrists could automatically perform these procedures, but rather that those who are trained and competent are permitted to do so within a regulated framework.

If I had been able to receive timely care from a trained optometrist, potentially even my own established provider, I likely could have avoided months of pain, multiple interventions, and unnecessary complications. Earlier treatment could have prevented escalation to a more invasive procedure and reduced both personal and system-wide burdens. This is ultimately about access, efficiency, and patient well-being. Expanding scope in a thoughtful, regulated way would allow patients to receive the right care, at the right time, from qualified providers who are already embedded in their communities.

Best,
Brittany Rhoads