

February 17, 2026

To: Senate Health & Welfare Committee

The Vermont legislature has an opportunity, through S.64, to provide citizens with significantly enhanced timely access to important medical care, and simultaneously to provide relief from some of the costs associated with acquiring care. Additionally, there is a critical issue of quality of care involved.

I would like to share my story to help support these points. I was diagnosed with glaucoma, a serious eye disease, some years ago. As the condition worsened, my optometrist, Dr. Mercedes Smith, monitored my condition carefully, and prescribed an expanding series of drops which could mitigate the eye pressure that causes vision problems. The care she provided was outstanding, and her concern for my vision and the path of the disease provided a real sense of confidence for me.

In May of 2024, as the pressure in my eyes again began to rise despite the drug regimen. Dr. Smith explained that there was a laser treatment available that could offer significant improvement. Her explanation of the process was in depth and clear. When I asked her when we should do it, she informed me that, under Vermont licensing regulations, she was not permitted to perform this procedure. She explained that even though she had been educated and trained in the process and the equipment needed to do it, she would need to refer me elsewhere. I was quite disappointed, too, as she knew my condition well, and I had full trust in her. Further complicating things was the dearth of available practitioners who are currently licensed.

I was first referred to a practice in Greenfield, MA—60 miles from my home. Dr. Smith's office, in Springfield, is eight miles away. I would be the first patient of Dr. Smith to use this practice. My visit was a disaster. The people I encountered were unprofessional, the examinations perfunctory, and after seeing two technicians and a doctor, was told, *"Well, you have a problem. You should keep using the drops."* I knew that I had been referred for an evaluation for the laser treatment. I mentioned this. The doctor's response was, "Oh, you want that? We could do it. Just make an appointment on your way out." I knew I would not trust this place with my vision health.

I reported this to Dr. Smith, and she found that Dartmouth Hitchcock had recently hired an additional provider. Unfortunately, even with this new staff member, it would not be until September, **four months later**, that I could be seen. In those months, my eye pressure was often at a troubling level. The process required multiple visits for evaluation, treatment and follow up. It is a 106-mile round trip from my home to the office. In all, I traveled over 1,000 miles to complete the procedure on both eyes. This contrasted with a 16-mile round trip had Dr. Smith been allowed to perform the procedure. The time and expense for that travel is significant. The wait because of limited practitioners is serious, putting patients' vision at risk.

I have an additional condition in my eyes that can make glaucoma even more dangerous. The doctor who did the SLT laser procedure told me, *"You have been receiving outstanding, careful care. Most patients I encounter with your condition have already lost a great deal of vision by the time I see them."* Fortunately, I had lost none. We should do what we can to better enable such doctors to expand their offerings.

Yes, it is important for regulatory bodies to carefully consider qualifications and preparation for practitioners. Yes, care and thought must be given when expanding licensure. It is also important, however, to realize that, in a rural state such as ours, expanding access using existing, well-trained, and qualified doctors would be a boon to patients. It may even enhance Vermont's ability to attract new optometrists.

Thank you for your consideration, Larry Carbonetti, Chester, VT