



June 2, 2021

Chair Julie Alexander
House Agriculture Committee
Room 326, Anderson House Office Building
Lansing, MI 48909-7514

RE: Humane Society of the United States neutral position for House Bill 4912 with comments

Dear Chair Alexander and Committee Members:

On behalf of our Michigan supporters, the Humane Society of the United States (HSUS) is writing in to express our neutral position on House Bill 4912, but request consideration of a few comments. HSUS works tirelessly to protect companion animals, and their guardians, from laws and practices that can tear families apart. We collectively represent tens of thousands of supporters in Michigan and are experts in animal welfare legislative and policy working closely with the veterinary community.

As written, HB 4912 creates additional barriers for pet owners to access critical resources which will further exasperate the inability for Michigan pet owners to access to quality, affordable veterinary care. In addition, some components of this bill may have a detrimental impact on animal shelters. Currently, some provisions included in HB 4912 could restrict the ability of animal shelters to deliver basic standards of care to animals in their facilities by tightening restrictions on vaccine administration. Furthermore, Sec. 18818 on establishing a veterinarian-client-patient relationship will limit the ability for veterinarians to offer telemedicine services and due to a shortage of veterinary professionals, this limitation could leave many pet owners without adequate access to important veterinary care.

Veterinary telemedicine can provide numerous benefits to pet owners—especially for people without access to transportation or who are unable to easily leave their home with their companion animal. It is one of the most effective methods in providing animal wellness services equitably and has worked without incident in the largest province in Canada, home to 15 million people. To ensure success, the Ontario Veterinary Medical Association regularly administers surveys in the field and since Ontario legalized the creation of a Veterinary-Client-Patient Relationship through telemedicine in 2018, the College of Veterinarians, Ontario has received no complaints in regard to a veterinarian utilizing telemedicine.¹ Veterinarians should have the discretion to utilize telemedicine, when appropriate—especially during these unprecedented times.

Veterinarians who offer telemedicine can not only provide quality, and potentially lifesaving care, but also improve efficiency within their practice and offer more flexible scheduling options to clients. To improve access, we recommend that Michigan instead consider following the American Association of State Veterinary Board's guidelines regarding veterinary-client-patient relationships (VCPR) which defines sufficient knowledge of an animal patient to include either "a recent examination of the animal

¹ Cushing, Mark, "The Ontario Experience: Current State of Telemedicine in Ontario," *Mark Five*, November 18, 2020, <https://vvca.org/the-ontario-experience-current-state-of-telemedicine-in-ontario/>.



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or group of animals, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; or through medically appropriate and timely visits to the premises at which the animal or group of animals are kept.”² A broader definition of sufficient knowledge allows practices to be more inclusive of communities who have traditionally been disregarded and further reduce barriers to pet ownership. We also ask that under Sec. 16215(5), “emergency or urgent care” situations also include clients with limited mobility or who are experiencing transportation issues and unable to access in-person veterinary care within 48 hours. As it stands, we know there are millions of pets are living in poverty and approximately 77 percent have never seen a vet.³ This is not because these pet owners with lower socioeconomic status’ do not find value in seeking professional care for their animals, but due to a lack of accessibility and affordability to pet wellness services. Expanding exceptions for when a VCPR is required will grant more families access to important veterinary services as well as create equity in and access to pet resources and information for people living in underserved, and often overlooked, communities.

Veterinarians go through rigorous education and training, and we should trust their judgement in their practice; and while we acknowledge that a legitimate need for routine veterinary consultation and treatment of non-emergent issues for pets is important, allowing virtual care means that all pet owners, no matter their circumstance, will be able access vital services and assure the health and wellbeing of their companion animals.

We thank the committee for your attention to this important issue and urge the committee to consider amending HB 4912 to permit VCPRs to be established electronically, allow an emergency exception for households with limited mobility and transportation issues who cannot access in-person veterinary care within 48 hours, and strike “administering vaccinations” from Sec. 18805(2)(a). These changes will bring greater access to Michigan pet owners with limited means and ensure that our animal shelters and rescues can offer sufficient care to animals entering their facilities.

Sincerely,

Jessica Simpson
Public Policy Specialist, Companion Animals
Humane Society of the United States

² “AAVSB Recommended Guidelines for the Appropriate Use of Telehealth Technologies in Veterinary Medical Practice,” American Association of State Veterinary Board, (2018),

<https://www.aavsb.org/Download?url=s/zvw7kz187dic8zu/Guidelines%20for%20Telehealth.pdf>.

³ “Pets by the numbers,” HSUS website, accessed December 15, 2020,

<https://www.humanesociety.org/resources/pets-numbers>.