

## VETERINARY MEDICINE

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<http://www.house.mi.gov/hfa>

**House Bill 4912 as introduced**  
**Sponsor: Rep. Robert J. Bezotte**  
**Committee: Agriculture**  
**Complete to 6-1-21**

Analysis available at  
<http://www.legislature.mi.gov>

## SUMMARY:

House Bill 4912 would amend the Public Health Code to modify various provisions regarding the practice of veterinary medicine and the delivery of emergency veterinary services in Parts 161 (General Provisions) and 188 (Veterinary Medicine) of Article 15 (Occupations).

### **Veterinarian-client-patient relationship**

Under the bill, a veterinarian could only practice veterinary medicine within the context of a veterinarian-client-patient relationship (where the patient is the animal and the client is the animal's owner), which would have to include all of the following:

- The veterinarian assumes responsibility for making clinical judgments regarding the health of the patient and the need for medical treatment and the client has agreed to follow the veterinarian's instructions.
- The veterinarian has *sufficient knowledge of the patient* to initiate, at a minimum, a general or preliminary diagnosis of the medical condition.
- The veterinarian is readily available, or arranges for emergency coverage, for a follow-up evaluation in the event of an adverse reaction or the failure of the treatment regimen.

*Sufficient knowledge of the patient* would mean recently seen and be personally acquainted with the keeping and care of the patient by the client by virtue of examining the patient or by medically appropriate and timely professional visits to the location where the patient is kept.

In the case of an emergency situation, a veterinarian could practice veterinary medicine through telehealth without a veterinarian-client-patient relationship until the patient could be seen in person by the veterinarian. However, the veterinarian would have to make a good-faith effort to arrange an in-person visit as soon as practicable to establish the relationship.

In addition, a veterinarian could practice without a veterinarian-client-patient relationship if emergency or urgent care to a patient is needed and the client cannot be identified or the patient is in custody of an animal shelter or rescue and the client cannot be identified.

A veterinarian could terminate the veterinarian-client-patient relationship by notifying the client that he or she no longer wishes to serve the patient and client. If the patient has an ongoing medical or surgical condition, the veterinarian would have to refer the client to another veterinarian for diagnosis, care, and treatment and would have to continue to provide lifesaving support, as needed, until a new veterinarian-client-patient relationship was established.

### **Delegation of tasks**

The bill would allow a veterinarian to delegate the performance of an act, task, or function if both of the following requirements are met:

- The veterinarian has established a veterinarian-client-patient relationship for that patient. However, a relationship would not be required if either of the following apply:
  - The purpose of the delegated act, task, or function is to render or attempt to render, in good faith, emergency or urgent care to a patient when the client cannot be identified.
  - The patient is in custody of an animal shelter or rescue and the client is not identified.
- The supervising veterinarian is monitoring the individual's performance of the act, task, or function to the degree necessary to ensure that it is within the scope of an order, assignment, or prescription of the supervising veterinarian.

### **Practice of veterinary medicine**

The bill would add certain tasks to those classified under “practice of veterinary medicine,” including administering vaccinations, physical therapy, performing a dental procedure, and providing a *complementary, alternative, and integrative therapy*.

*Complementary, alternative, and integrative therapy* would mean a preventative, diagnostic, and therapeutic philosophy and practice that is not considered part of conventional, Western veterinary medicine and would include all of the following:

- Veterinary acupuncture, acutheraapy, and acupressure.
- Veterinary homeopathy.
- Veterinary manual or manipulative therapy.
- Veterinary nutraceutical therapy.
- Veterinary phytotherapy.

### **Emergency temporary license**

Under the bill, during a *qualified state of emergency* or to respond to a large-scale animal cruelty case, the Michigan Board of Veterinary Medicine could grant a license to engage in the practice of veterinary medicine or practice as a veterinary technician for up to 90 days to an individual who meets all of the following requirements:

- The individual is authorized to practice in another state that maintains licensing standards substantially equivalent to Michigan's.
- The individual establishes that no disciplinary proceedings are pending against him or her before a similar licensing board in another state.
- The individual establishes that no licensure sanctions are in force against him or her in another state at the time of application.
- The individual would not receive any direct or indirect payment or compensation for the services, except from Michigan, the federal government, or a nonprofit organization.

*Qualified state of emergency* would mean a state of disaster or state of emergency declared under the Emergency Management Act that has an impact on animals.

The board would have to grant the temporary license within 48 to 72 hours of receiving a completed application and could not charge a fee for such a license.

**Dispensing prescription drugs**

Under the bill, upon request of an animal’s owner, a veterinarian would have to issue a prescription for a recommended prescription drug instead of dispensing the drug.

**Emergency veterinary services**

A licensee would have to ensure that a facility does not represent that it is an emergency veterinary hospital unless all of the following requirements are met:

- The facility’s primary function is receiving, treating, and monitoring animals that are emergency patients during its designated hours of operation as an emergency veterinary hospital.
- A veterinarian is in attendance during all hours of the facility’s operation and sufficient staff are available to provide timely and appropriate care.
- The number of licensees, instruments, medications, and supplies is sufficient to provide animals with the appropriate level of emergency care.
- The facility is a full-services hospital or provides either independent, after-hours emergency veterinary services or independent, 24-hour emergency veterinary services.

**Repealer**

Finally, the bill would repeal section 16284 of the code, which generally prohibits a health professional from providing telehealth services without directly or indirectly obtaining consent for treatment.

MCL 333.16215 et seq.

**FISCAL IMPACT:**

House Bill 4912 would not be anticipated to have a significant fiscal impact on any unit of state or local government. The provision in the bill prohibiting the assessment of a fee for a 90-day veterinary medicine or technician license may reduce state revenue associated with such licensure (which is deposited into the Health Professions Regulatory Fund), but given the limited number of cases in which these licenses would apply, the revenue reduction would likely be modest.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.