

VETERINARY MEDICINE

Phone: (517) 373-8080
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House Bill 4912 (H-1) as referred to second committee

Sponsor: Rep. Robert J. Bezotte

1st Committee: Agriculture

2nd Committee: Rules and Competitiveness

Complete to 3-1-22

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

BRIEF SUMMARY: House Bill 4912 would amend the Public Health Code to modify provisions regarding the practice of veterinary medicine and the delivery of emergency veterinary services.

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.

THE APPARENT PROBLEM:

Pets are widely considered a part of family, with pet owners often seeking the best care possible. These families trust that veterinarians can and will offer the best possible advice and care. However, emergencies can and do arise that require emergency care to pets. Some believe that the current law regarding emergency care and relationships among veterinarians and their patients and clients could be strengthened.

THE CONTENT OF THE BILL:

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

Veterinarian-client-patient relationship

Under the bill, a veterinarian could practice veterinary medicine only 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 physically

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

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

The bill would prohibit a licensee from representing that a facility 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.

ARGUMENTS:

For:

Supporters of the bill argue that emergency care to beloved pets should not be compromised by receiving advice or care from a veterinarian who is unfamiliar with the animals. Because many pets are an extension of the family, Michiganders should be able to expect that their pets receive the best care possible in all situations.

Against:

No arguments against the bill were presented during committee testimony.

POSITIONS:

The following entities indicated support for the bill:

- Michigan Veterinary Medical Association (6-16-21)
- Remrock Farms Veterinary Services (6-2-21)

The Humane Society of the United States indicated a neutral position on the bill. (6-2-21)

Legislative Analyst: Emily S. Smith
Fiscal Analyst: Marcus Coffin

■ 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.