

## Ashley Nichols, DVM

### HB325 Favorable with Amendments

I am writing about House Bill 325; Provision of Veterinary Services – Routine Medical Care and Rabies Vaccines. Changing regulations to allow Registered Veterinary Technicians to administer rabies vaccines under direct supervision of a licensed veterinarian could be acceptable to effectively manage the state's rabies prevention programs but amendments should be made to remove all other provisions in the bill as written.

I am a practicing corporate small animal veterinarian, who also happens to be the president elect of the Maryland Veterinary Medical Association (MDVMA). In my role with the MDVMA, on January 24<sup>th</sup> a few of my colleagues and I took time away from our families, and patients to come and speak directly to many of you. Unlike other organizations, our meetings with you were not to push or lobby for any legislation, but rather to introduce to you the state's veterinarians as the experts on animal welfare, health, and animal agriculture. We simply want a place at the table, to inform of the larger impacts' legislation like HB 325 | SB 390 can have on the state. This bill is not only a huge detriment to the Maryland veterinary community, but to shelters and ultimately the pets of the state of Maryland. To back up this, I have my factual argument with all the citations at the end of this document.

My first concern is with proposed amendments to Md. Code Ann. Agriculture (COMAR) § 2-305.1A. I find the inclusion of this language in the bill perplexing and concerning. §2-301 (g)11 deals with the authorization by the board for a person licensed under Title 1A or Health Occupations, an acupuncturist, to practice on an animal. They are only permitted to practice if they follow the other provisions outlined in this subsection. However, even in those out lined in those provisions, an authorized acupuncturist cannot perform the routine medical care, proposed in the amended §2-305.1. Also note §2-305 is not the subsection of Powers and duties of the Board generally {State Board of Veterinary Medical Examiners (SBVME)}, rather the subsection of License to administer drugs by animal control facility. However, aside from what is outlined in §2-301, a non-veterinary practitioner should not be practicing on animals – as they do not have the training, knowledge, or rights necessary to safely perform veterinary medicine.

It is reasonable to understand that HB 325 | SB 390 is likely a response to the state's veterinary shortage<sup>4,5,6,7</sup>. MDVMA has met with delegate Lehman multiple times to discuss possible solutions to help with this. As discussed with her, there unfortunately is no “quick” solution, as the shortage is a nationwide complex issue. However, as my sources show<sup>4,5,6,7</sup> the shortage is nationwide, and there are several organizations, companies and the profession as a whole working to resolve this. Licensing is a vital component to ensuring the high standards set and controlled by the SBVME. By forcing (As stated “FOR the purpose of requiring.”) SBVME, HB 325 | SB 390 undermines and ignores the provisions already outlined in the Veterinary Practice Act<sup>1</sup>. COMAR 15.14.18 specifically outlines the requirements that allows for the licensing and certification of veterinarians from other states or jurisdictions. This includes requiring the payment of an annual registration fee. Per §2-308 annual paid registration is important to enforce and aid in prosecution of any violations, and every veterinarian licensed by the SBVME pays the annual registration fee. HB 325 | SB 390 does not include this requirement.

When it comes to the forced authorization of a veterinarian from another state/Jurisdiction to practice veterinary medicine in Maryland even for the routine services described, just being authorized would not legally permit them to perform those services. Being licensed – not just authorized, is required to perform aspect of the routine services described. When it comes to performing a spay/neuter - it is important to understand these are surgical procedures with require anesthesia and in accordance with Veterinary Practice Act and Association of Shelter Veterinarian's Guidelines for Standards of Care in Animal Shelters (ASV 2022 shelter guidelines)<sup>2</sup>. The ASV 2022 guidelines reference The Association of Shelter Veterinarians' 2016 Veterinary Medical Care Guidelines for Spay-Neuter Programs<sup>3</sup>. These are all designed to ensure to safe, quality care of animals regardless of their current situation. A vital aspect of quality care is adequate pain management as well as appropriate anesthesia.

To properly do this, controlled substances are necessary, as such the veterinarian needs to have a DEA license AND Maryland CDS license (COMAR 15.14.01-.12)<sup>1</sup>. Which typically only occurs after the physician has been licensed in the state. Meaning there would still be a waiting period before this veterinarian can assist in spays/neuters. Note §2-305b only authorizes license to administer drugs for purposes of sedation, euthanasia or sedate and euthanize. It does not allow a licensed animal control facility to administer drugs for purposes of anesthesia or analgesia. So even in the situation of a licensed animal control facility, a veterinarian without both a DEA AND Maryland CDS license would not legally be able to anesthetize animals undergoing spay or neuter procedures. Note that a registered veterinary technician is not permitted to have a DEA license nor have their own controlled substance stock; they can only have access to a licensed veterinarian's stock under supervision by that veterinarian. Additionally, a registered veterinary technician is not to perform induction of anesthesia under COMAR 15.14.01.17-C&D<sup>1</sup>.

Another stopgap in the ability of out of state veterinarians to perform routine medical care is the completion of certificates of veterinary inspection (CVI). According to COMAR 15.12.05.04<sup>1</sup>, to legally issue a CVI on a companion animal law states "the signature of the veterinarian, who shall be accredited in Maryland." This is in reference to USDA Accreditation<sup>7</sup> via the National Veterinary Accreditation Program (NVAP). While an out of state practitioner may have done the orientation NVAP, they must also complete state specific orientation AND be licensed to practice in the individual state they are practicing in order to be accredited<sup>1, 7</sup>. The state specific orientation in the state of Maryland only occurs 2 times a year, so expediting the licensing of an out of state veterinarian for this purpose is mute.

Health examinations and issuance of CVI's is a vital component especially in shelter populations<sup>2</sup>. These CVI's for companion animals are a vital aspect to ensuring these animals are not only healthy to travel but are not harboring or transmitting diseases out of state. Additionally, COMAR 2-1705.a.1, requires that minimally, shelters must follow the most recent ASV 2022 shelter guidelines. The latest guidelines hold the preservation of public health through the protection of "the health and safety of animals, people, and the environment" 13.1. Part of this is the issuance of CVI's to reduce the transportation of zoonotic diseases especially those that have regional distribution 11.2.

Speaking of zoonotic diseases, the prevention of Rabies is extremely important for public health. Especially among the population in an animal control/shelter situation. This population is at high risk of exposure due to unknown histories, co-mingling of pets, and unfortunately wounds of unknown origin; additionally, their risk of spreading to humans is also high. When considering the administration of the Rabies vaccine, we cannot allow our standards to go below the recommendations outlined in the NASPHV Rabies Compendium 2016. Which states "All animal rabies vaccines should be restricted to use by or under the direct supervision of a veterinarian."<sup>10</sup> Failure to continue this, by having shelter staff

administer, would result in the below standard and compromise the effectiveness of national rabies control and prevention. Not only that, other states in the region (Virginia, Delaware, DC) require administration of Rabies by a veterinarian or by a licensed veterinary technician<sup>9</sup>.

What HB 325 | SB 390 fails to consider is the hard work the states veterinarians do every day. Nor does this bill account for opportunities already written into law or currently in practice that can help shelters in need. First, many of the state veterinarians help area rescues or shelters on their time off – to further help the animals of their community. This includes multiple facilities that are a part of the states Spay and Neuter fund<sup>12</sup>, in addition to the veterinary clinics that work with state shelters/rescues to provide medical care to their wards. Continuing or further fostering the partnership between shelters/rescues and local clinics is a far more positive, practical solution to helping the states low-income and homeless pet population than HB 325 | SB 390. Another oversight HB 325 | SB 390 fails to consider is the COMAR 15.14.17 which considers the practical training of veterinary students. MDVMA has a wonderful program where 4th year veterinary students can come and do a clinical rotation at various clinics in the state of Maryland<sup>13</sup>. This could include rotations in Maryland animal shelters. This program facilitates hands on experience for soon-to be veterinary graduates and can encourage these students to return to practice in the state. While it does require responsible direct supervision, it is possible for a shelter veterinarian to work with a veterinary student to provide the routine medical care described in this legislation. Lastly, a possible solution to increasing access to routine medical care for shelter animals might be to increase the scope of practice for registered veterinary technicians. While they cannot and should not perform Spays/Neuters, nor can they write CVI's, they should be allowed under direct supervision to administer vaccines and conduct health examinations. If necessary, I believe the only other individual to administer a Rabies vaccine other than a licensed veterinarian would be a registered veterinary technician. By being registered, veterinary technicians not only have the proper base knowledge to ensure safe, effective administration of Rabies vaccines, they are also licensed and accountable for their actions. These options are all more reasonable and easier to implement than what is outlined in HB 325 | SB 390.

While well intentioned HB 325 |SB 390 is ill designed and impractical. It provides special privileges to out of state veterinarians, with little incentive to retain these veterinarians to expand to practice in the state. Its design to surpass the standards/requirements already established; undermines the quality of the veterinary practice in the state, which can ultimately put both animal health and public health at risk. So while inconvenient to wait for the approval of out of state veterinarians to be licensed in order to practice in Maryland, it is for the best interest of the animals, up hold the high practice standards, and retain/grow the number of veterinarians practicing in the state.

Sincerely,

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## Definitions of Note per Maryland State Veterinary Practice Act<sup>1</sup>

- “Veterinarian” means any person who is a graduate of a college of veterinary medicine.
- “Veterinary practitioner” means a licensed and registered veterinarian engaged in the practice of veterinary medicine.
- “Veterinary technician” means a person who is registered with the Board as a veterinary technician
- “Direct supervision” means that a veterinarian licensed and registered in the State is in the immediate vicinity where veterinary medicine is being performed and is actively engaged in the supervision of the practice of veterinary medicine.
- “License” means a license to practice veterinary medicine

## Resources/References of Note

1. <https://mda.maryland.gov/vetboard/Documents/Laws-Regs/Veterinary-Practice-Act-COMAR.pdf>
2. <https://ismcah.org/index.php/jasv/article/view/42/19>
3. <https://doi.org/10.2460/javma.249.2.165>
4. <https://www.avma.org/javma-news/2021-09-15/are-we-veterinary-workforce-crisis>
5. <https://www.aavmc.org/wp-content/uploads/2022/07/AAVMC-Statement-on-Workforce-July-2022.pdf>
6. *Pet Healthcare in the US: Are There Enough Veterinarians?* James W. Lloyd, DVM, PhD; Animal Health Economics, LLC; April 14, 2021
7. A Brighter Future for People and Pets: Tackling the Veterinary Shortage
8. <https://www.cdc.gov/onehealth/basics/zoonotic-diseases.html>
9. [https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/nvap/CT\\_become\\_accred](https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/nvap/CT_become_accred)
10. <http://www.nasphv.org/Documents/NASPHVRabiesCompendium.pdf>
11. <https://www.avma.org/sites/default/files/2021-08/State-Rabies-Vaccination-Laws-Chart.pdf>
12. [https://mda.maryland.gov/spay\\_neuter\\_program/Pages/Free-Spay-and-Neuter-Services.aspx](https://mda.maryland.gov/spay_neuter_program/Pages/Free-Spay-and-Neuter-Services.aspx)
13. <https://careers.mdvma.org/jobseekers/internships/index.cfm>