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1	STATE OF MICHIGAN
2	DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
3	BUREAU OF PROFESSIONAL LICENSING
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5	PUBLIC HEARING
6	FRIDAY, FEBRUARY 25, 2022
7	AT ABOUT 9:00 A.M.
8	
9	G. MENNEN WILLIAMS BUILDING AUDITORIUM
10	525 W. OTTAWA STREET
11	LANSING, MICHIGAN
12	
13	RE: Veterinary Medicine - General Rules
14	(MOAHR #2021-57 LR)
15	
16	HEARING FACILITATOR:
17	DENA MARKS Bureau of Professional Licensing
18	611 W. Ottawa Street Lansing, Michigan 48909
19	ALSO PRESENT: Kerry Przybylo
20	LeAnn Payne Stephanie Wysack
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25	REPORTED BY: Lori Anne Penn, CSR-1315
	Penn Reporting, LLC - lori.penn@yahoo.com
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Lansing, Michigan
Friday, February 25, 2022
At 9:00 a.m.

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(Public hearing commenced pursuant to due notice.)

MS. MARKS: Good morning. My name is

Dena Marks, and I'm a departmental specialist for the

Bureau of Professional Licensing in the Department of

Licensing and Regulatory Affairs. I will be conducting

the hearing this morning.

This is a public hearing on proposed

Administrative Rules entitled "Veterinary Medicine
General Rules". We are conducting this hearing under the authority of the Administrative Procedures Act, Public

Act 306 of 1969, on behalf of the Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing.

We are calling this hearing to order at 9:00 a.m. on February 25, 2022, at the G. Mennen Williams Building Auditorium, 525 West Ottawa Street in Lansing, Michigan. Publication of the notice of public hearing was in three newspapers of general circulation. The public notice for these rules was published in the Flint Journal on January 28, 2022; the Grand Rapids Press on January 30, 2022; and the Mining Journal on January 27, 2022; as well as in the Michigan Register, Issue 2-2022,

published on February 15, 2022.

We are here today to receive comments on the proposed rules. If you wish to speak, please make sure you have signed in and indicated that you wish to speak. You may use the cards provided for this purpose. If you would like to speak and have not signed in, please do so now. For those of you who do not wish to sign in with a card, you may speak at the microphone once we have exhausted the cards submitted to me.

If you have comments, please make sure that they relate directly to the proposed rules. If you have questions about the rules, please indicate your questions as part of your testimony for the Department's review. If you have suggested changes to the proposed rules, please include the specific reasons why the changes would be in the public interest.

Please note, if you have already submitted comments to the Department in writing or by email, those comments will be considered in the same manner as the comments made during the public hearing today.

For those making comments today, please clearly state and spell your name for the record, and if you are speaking on behalf of an organization, please identify that organization as well.

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If you have written comments, you may 1 2 submit them directly to me. The Department will also 3 accept written comments postmarked or emailed until 5:00 4 p.m. today. 5 The Department staff from the Bureau of Professional Licensing attending today's hearing are 6 7 LeAnn Payne, Kerry Przybylo, and me. So I will take the cards in alphabetical 8 9 order by your last name. If you would like to come up to 10 the mic so that it can be heard clearly by everyone and 11 so the court reporter can get your name, that would be 12 appreciated. So Richard Angelo, if you would like to 13 make your comments, please. 14 MR. ANGELO: Good -- is it on? Okay. 15 Can you hear me okay? 16 MS. PRZYBYLO: It is on. 17 MR. ANGELO: Good morning. My name is 18 Richard Angelo, last name is spelled A-n-g-e-l-o. I am 19 here as both an individual and representing Best Friends 20 Animal Society, a national animal welfare organization 21 working in all 50 states. 22 I'm here to provide comments on, 23 regarding specifically the telemedicine and telehealth 24 provisions in the proposed rules as they were published. 25 I was very, very pleased over a year ago when these rules Penn Reporting, LLC - lori.penn@yahoo.com

were actually changed to allow for the client relationship to be established by telemedicine, and I think many, many Michiganders, their pet companion animals, have all benefited from those rules.

In working in all 50 states with many veterinary boards and veterinary regulations across the country, we've seen over the past years veterinary boards actually expand telemedicine rather than contract it.

This contraction in the proposed rules is going to be detrimental to many people across the State given the veterinary shortages that are going on across the country as well as in our state, rural areas as well as in pockets in the urban areas throughout our State.

We're asking that we leave subsection

(d) (i) as is in the rules, allowing the client/patient relationship to be established by telemedicine rather than requiring an in-person visitation of the animal by the veterinarian. The veterinarians in our State, as well as across the country, are very, very well-versed in what needs to be done, how to treat their patients and their clients. The judgment as to whether or not that relationship could be established by telemedicine should be left to the individual veterinarians.

I went through your fiscal -- I'm sorry -- the regulatory impact statement which stated

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there wouldn't be any impact in rural areas on some of 1 the licensees. I would tend to vehemently disagree with 2 3 that in that many areas where people can't get to the 4 veterinarian or there's only one veterinarian, say, 5 throughout the U.P., people need and would benefit from being able to establish the veterinary client/patient 6 7 relationship through telemedicine. So again, I will be submitting more 8 9 detailed written comments before the end of the day, but 10 we're asking that we leave subsection (d)(i) written as 11 is. Thank you. 12 MS. MARKS: Joseph Dobesh. 13 MR. DOBESH: Good morning. I'm Joseph 14 Dobesh, I'm the chief executive officer of the Michigan 15 Pet Alliance, a trade association for Michigan's animal 16 shelters, rescues, and their advocates. 17 MS. MARKS: Would you spell your last 18 name, please. 19 MR. DOBESH: Yes. 20 MS. MARKS: Thank you. 21 MR. DOBESH: Dobesh, D-o-b-e-s-h. 22 We stand today in opposition to the 23 proposed rule change, specifically the provisions related 24 to telemedicine. These provisions instituted during 25 COVID have provided a vital access to care for Michigan's

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pets, particularly those living in rural areas and those whose owners may have mobility issues or transportation issues. Michigan's animals will undoubtedly suffer with this change which runs contrary to the efforts of progress in the provision of veterinary services. would ask that this proposed revision be reconsidered, that the harms mitigated would be better addressed through efforts of the individual veterinarian; we trust them every day, we license them, and they go through comprehensive training. We know that change and progress can never be avoided; to make a -- to make such a substantial change through regulation puts Michigan's pets at risk, and we would respectfully ask the board to leave the provisions as they currently exist as we believe they best serve the interest of Michigan's companion animals. Thank you.

MS. MARKS: John Tramontana.

MR. TRAMONTANA: Good morning. My name John Tramontana, I am the chief executive officer of the Michigan Veterinary Medical Association. Thank you for the opportunity to allow us to comment today.

First, we would like to say the MVMA strongly supports telehealth and telemedicine. Two years ago before the COVID-19 pandemic began, none of this technology was legally allowed for veterinarians to use

and to access care to allow people in -- with transportation issues, in rural areas, it has provided more care to veterinarians. But like any type of new initiative or new technology, it needs to be done ethically and responsibly, therefore, we strongly support the changes to these rules and believe this board made up of predominantly Michigan veterinarians who understand the profession, who understand how these rules are put into practice, and understand how they are utilized have done so to make sure that these rules are not only clear, but are put forth in an ethical and responsible way.

Without an in-person visit initially, there is a much higher risk of misdiagnotion [ph) -- of misdiagnosis, of being able to provide the wrong medication. It also has the potential to influence and taint Michigan's food supply. Also, it allows people outside of the State of Michigan potentially, the old rules that is, to treat Michigan patients without sufficient knowledge of that patient. We believe Michigan veterinarians licensed in Michigan, practicing in Michigan, should be able to make that call. We believe that these rules do that.

MVMA strongly supports these changes, as does the American Veterinary Medicine Association, as do many other organizations who deal with veterinary

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medicine, including other veterinary colleges and universities throughout the country. These changes bring Michigan in line with nearly 40 other states, as well as federal guidelines and recommendations put forth by the Federal Drug Administration, so we -- Food and Drug Administration, so we ask that these continue to move forward.

We would like to commend the board for recognizing the gray area in the previous rules, some of the complications that arose, and taking the brave steps to move forward with these new rules that protect Michigan Animals, protect the public health, and protect the veterinary practice in Michigan. Thank you.

MS. MARKS: Dr. Akshay Verma.

MR. VERMA: Hello. I'm a veterinarian,

I'm also a certified rehabilitation practitioner and a

behavior resident with the American College of Veterinary

Behaviorists.

MS. MARKS: Doctor, would you please spell your name for the reporter, please.

MR. VERMA: Yeah. My first name A, as in apple, -k-s-h-a-y, my last name is V, as in Victor, -e-r-m, as in Mary, -a. And I'm here representing my personal practice, Personalized Veterinary Behavior and Rehabilitation, as well as a board member of the Humane Penn Reporting, LLC - lori.penn@yahoo.com

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Society of Huron Valley. I also am an adjunct professor at the College of Veterinary Medicine at Michigan State, but I'm not -- I don't claim to represent Michigan State's interests.

And I just wanted to bring up a couple observations that I've made. I've also attended committee meetings at the State House where I've seen the MVMA discuss that there's something — that there are going to be veterinarians out of state practicing medicine as a result of these rule changes, and it doesn't really make sense because you still need a license in Michigan in order to practice. This is a heavy regulated profession, it's not just a trade, you know, we have very (inaudible) —

COURT REPORTER: I'm sorry. Very?

MR. VERMA: -- stringent requirements to become veterinarians. And I don't understand why the use of telemedicine wouldn't be up to the individual practitioner. In fact, I think that these changes could put practitioners at risk, such as practitioners who practice veterinary behavioral medicine where we deal with aggressive patients where it may not be considered legally an emergency, but it could very well put our staff at risk and us at risk in order to interact with these patients physically before we've been able to

prescribe the appropriate medications. And even if we see these patients in person, many times we don't actually perform a physical exam because we can't touch the patients until we've prescribed something. So telemedicine has been going on for a long time because as long as we've established a VCPR in person, we can communicate, even prior to COVID we've been able to communicate with our clients as long as we've seen him within a year. It's also something that we're teaching at Michigan State to our behavior students, you know, our services are split between in-person and telehealth, but many of our clients are established as virtual clients initially. And we do review medical records just like it is stipulated in the current rule. So as you can see, I'm opposed to the rule changes.

And I also don't understand why now that the State legislature seems to not have an appetite for this change, the MVMA has come to LARA to try to change the rules, you know, without involving the legislature, and it just doesn't make sense to me because I don't understand who is harmed, if there's been any demonstration of harm over the past two years while this has been in place.

And I also don't understand if the thought is that veterinarians are going to lose money or Penn Reporting, LLC - lori.penn@yahoo.com

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something like that, it doesn't really make sense because there's extreme waits at every single veterinary hospital right now, and access to care is a huge issue, and we can't legislate a turnback in time.

You know, in pediatric -- it was brought up at the State meeting that in pediatrics you can also legally perform telemedicine. Are we saying that there's a greater danger to the animals than there are to our kids?

And I also -- or the example of (inaudible) --

COURT REPORTER: Excuse me. Example of? MR. VERMA: Chloramphenicol, it's an antibiotic. But basically an example of antibiotics that shouldn't be used prescribed to food animals and to contaminate our food supply, why would a veterinarian just because they're behind a computer suddenly lose their mind and prescribe heavy-duty antibiotics? You know, there's no such thing as a virtual veterinarian and a veterinarian; just like in my practice and in our department at Michigan State, we practice in-person medicine and telehealth, it is not like we just switch to being virtual veterinarians and suddenly lose our knowledge and our training.

> And then lastly, as a board member of the Penn Reporting, LLC - lori.penn@yahoo.com

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Humane Society of Huron Valley, the current, unlike the appropriate avenues through the legislature which were providing some exceptions for shelters, this rule -- rule changes provide no exceptions for shelters, which MVMA's own shelter veterinarian who came to speak had mentioned that she was concerned about there being an exception for the premises, which I don't understand why a building has -- what a building has to do with the VCPR, but that is essentially the argument through the legislative options, but in the rule changes before us, there is no acknowledgment that shelters may require telehealth (1) for shelter veterinarians to communicate with their staff if an animal's been brought in and the veterinarian hasn't had a chance yet to examine the animal, and it could be, you know, after hours; but then also with specialty medicine and other consultants that may wish to help the shelter with their, you know, extreme caseloads, and that's something I do through my practice is I consult with (inaudible) --

COURT REPORTER: Consult with?

MR. VERMA: Sorry. Humane Society of Huron Valley on their behavior cases to try to better facilitate re-homing of difficult patients.

So I just don't understand the harm here.

Telemedicine has been around for two years and -- well,

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actually longer than two years, but it's been two years 1 since you could establish a VCPR virtually, and I don't 2 3 see these cases of harm being brought forth before the 4 licensing board or anywhere else or in the civil courts, 5 so it's really a, you know, solution in search of a problem, and I don't understand what the appetite is. 6 7 Thank you. That's all I have to say. 8 MS. MARKS: Thank you for the comments. 9 If there are no other persons who wish to speak at this 10 time, we will take a short recess. 11 (Recess from 9:20 a.m. until 9:25 a.m.) 12 MS. MARKS: We are back on the record. Catherine Garrett. 13 14 MS. GARRETT: Catherine Garrett, 15 C-a-t-h-e-r-i-n-e, Garrett, G-a-r-r-e-t-t. I'm Catherine 16 Garrett, director of (inaudible) --17 COURT REPORTER: Excuse me. If you're 18 going to read, read slowly. 19 MS. GARRETT: Oh, okay. Sorry about 20 that. 21 So I'm Catherine Garrett, director of 22 development and marketing for All About Animals Rescue, 23 and I'm here today to speak on behalf of Amber Sitko, our 24 president and founder, who couldn't be here. And so she 25 wanted me to convey the following.

I am writing to express staunch opposition to the proposed revised rules to the Veterinary Medicine - General Rules in regards to telehealth services, specifically Rule 1a(1)(i) which would require the veterinarian to have recently examined the animal patient in person -- excuse me, I ran to get here -- and I am asking you to honor the original language and intent.

About Animals Rescue. We have four locations employing
16 veterinarians that provide veterinary care. Our
primary focus areas are on low-income pet owners,
particularly in Detroit and Flint. These communities are
veterinary deserts with few to no accessible veterinary
services. While telehealth medicine is a small part of
our services, we consider it essential in helping the
underserved pet owners.

Pet owners can not always travel to a veterinarian for many reasons that hit underserved communities the hardest. Some owners have no transportation, and pets are not allowed on public transportation. Uber, Lyft, even if they find a driver willing to transport them with an animal, is prohibitively expensive, and there is no guarantee they can find a driver willing to accept their animals for the

trip back home. Any suggestion that they should walk to the clinic places an undue burden on both the pet and the owner. One must take into consideration the distance, physical ability of the pet and the owner, the weather, and even their personal safety in attempting to walk to a clinic. There are no reasonable options for many pet owners and their pets.

Michigan veterinarians are highly
trained, licensed, and should be trusted to make the
assessment to determine if telemedicine is appropriate
for a patient. We are against unnecessary mandates,
especially when they will cause harm to our patients. If
the pet owner is unable to provide care for their pet,
the pet suffers physically, and may even be surrendered
to a shelter and euthanized. We need to expand care for
pets, not unnecessarily restrict it.

Please consider that this proposed change is a direct threat to animals of the underserved in receiving healthcare. Whatever the anticipated benefit, is it worth the collateral damage this will cause to a marginalized population already struggling to secure veterinary care for their pets, as well as, and most importantly, the unnecessary negative health effects caused to the animals themselves because their newfound access to medical care is taken away by this change.

Respectfully, Amber Sitko, President and Founder, All About Animals Rescue. MS. MARKS: We're going to go off the record and take another short break. (Recess from 9:30 a.m. until 9:37 a.m.) MS. MARKS: We're back on the record. Ιf there are no further comments at this time, I hereby declare the hearing closed. The record will remain open until 5:00 p.m. today for any other comments you may wish to share about the proposed rules. Thank you for attending. (At 9:38 a.m., the public hearing concluded.)

CERTIFICATE

I, Lori Anne Penn (CSR-1315), do hereby certify that I reported in stenotype the proceedings had in the above-entitled matter, that being Bureau of Professional Licensing Public Hearing in MOAHR #2021-57 LR, at the G. Mennen Williams Building Auditorium, 525 West Ottawa Street, Lansing, Michigan, on Friday, February 25, 2022, and do further certify that the foregoing transcript, consisting of pages 1-19, constitutes a true and correct transcript of my stenotype notes.

Lori Anne Penn

Lori Anne Penn, CSR-1315 Penn Reporting, LLC lori.penn@yahoo.com

Dated: March 1, 2022