

Testimony of Rustin M. Moore, Dean of the Ohio State College of Veterinary Medicine
on Senate Bill 268: Establish veterinarian telehealth visit requirements, procedures

Thank you, Chairman Schaffer, Vice Chair Landis, Ranking Member Hicks-Hudson, and members of the Ohio Senate Agriculture and Natural Resources Committee. My name is Rustin Moore, and I am the dean of the Ohio State University College of Veterinary Medicine.

Today, I urge you to support the adoption of veterinary telemedicine with the provision to establish virtual Veterinary-Client-Patient Relationships (VCPRs) in Ohio, which, with clear guidelines, will improve accessibility while ensuring animal safety and public protection.

Veterinary telemedicine serves as a tool—not a replacement—for in-person care, helping Ohio animal owners gain access to licensed veterinarians despite barriers like geography, finances, after-hours needs, or lack of transportation. In cases where an in-person visit isn't immediately feasible, telemedicine offers invaluable guidance, triaging urgent needs, providing a treatment plan where possible, and advising when in-clinic care is necessary.

The proposed legislation mirrors successful models in other states, incorporating key safeguards like restricted prescriptions for controlled substances, mutual consent requirements, limited prescription refills without an in-person exam, Ohio licensure, ensuring telemedicine remains a well-regulated asset.

Telemedicine's effectiveness in human healthcare is proven and legal nationwide, including in Ohio. Veterinary telemedicine deserves the same opportunity. Ontario's 16 million residents have benefited from over eight years of veterinary telemedicine, with rural communities gaining access without compromising care quality. No complaints of animal harm have been filed there.

In the U.S., 108 million Americans already benefit from telemedicine, thanks to bipartisan support from states like Florida, California, and Arizona, where legislatures unanimously passed similar bills. If such a diverse coalition of lawmakers sees telemedicine as important, why should we think Ohio or any other state for that matter, be any different?

Veterinary telemedicine enhances several key areas of practice. In behavioral medicine, telemedicine allows veterinarians to observe animals in their homes, where behavioral patterns are most accurately assessed, reducing stress on pets. Shelter veterinarians use telemedicine to prioritize urgent cases, while livestock and poultry farmers can connect with experts to prevent disease outbreaks and manage routine care remotely. Telemedicine also strengthens primary and preventive care, emergency support, and chronic care management, empowering veterinarians to follow up conveniently and provide real-time guidance.

The Ohio Veterinary Medical Licensing Board (OVMLB) will continue its essential role in regulating high standards for veterinary practice, including telemedicine. It will oversee licensing, enforce regulations, and address any complaints, protecting public trust while promoting animal and public health, just like it does now.

The question we face today is straightforward: Is it better to get no care at all, or to receive expert guidance from a licensed Ohio veterinarian? Telemedicine bridges the gap in access to care, benefiting Ohio's animals and their families.

Allowing telemedicine with establishment of a virtual VCPR will add a valuable tool to veterinarians' options for providing accessible veterinary care. While not every case will be suited for a virtual VCPR, we can and must trust veterinarians to use their judgment, just as they do with in-person relationships. Veterinarians who prefer not to use telemedicine can choose not to, and those who do can assess each situation individually, referring clients to in-person visits, when necessary, either with themselves or another clinic.

Why would we not trust our licensed veterinarians and their judgment about a virtual VCPR and providing telemedicine services just as much as we do with their in-person assessments and judgments, and similar to how we trust physicians to provide telemedicine?

You will hear people make the arguments that the National Academy of Pediatricians does not recommend the use of telemedicine for children under two years old, and thus why wouldn't this same argument apply to animals. What is magical about two-years of age? How much more trust or confidence would you put in a child who is older than two and yet younger than six or more?

Ohio law on telemedicine for minors establishes specific requirements to ensure safe and effective care. There is no age limitation for the use of telemedicine in youth. Informed consent must be obtained from a parent, guardian, or legally responsible person if the patient is a minor or unable to consent independently. Telehealth services are held to the same standard of care as in-person visits, ensuring consistent quality. Providers may use either synchronous or asynchronous communication technology to deliver telehealth services. Additionally, physicians and physician assistants may use FDA-approved remote monitoring devices for telehealth if the patient consents. For prescribing controlled substances, at least one in-person visit within the past 12 months is required. Health benefit plans are also mandated to cover telehealth services on an equal basis with in-person care.

The availability and use of telemedicine will be critical to Protect OHIO (One Health In Ohio) by making veterinary services and care more widely accessible and available, which will help with maintaining health and wellbeing of animals and people.

Thus, I urge you to support Ohio's veterinary telemedicine legislation, SB268, to strengthen our commitment to accessible, quality care veterinary across the state, which will help protect animals and people, and support their health and wellbeing.