Dear Ohio Senators,

I was recently made aware of Senate Bill 60. While I believe telehealth has a place in veterinary medicine, this bill, in its current form, lacks the necessary safeguards to protect Ohio veterinarians, the animals under our care, and the small businesses that support our local communities.

Proponents of SB 60 argue that permitting the establishment of a veterinary-client-patient relationship (VCPR) via telehealth will increase access to care. Yet I see no reliable evidence supporting that claim. I live just six miles from the Columbus Zoo and enjoy excellent service for calls and streaming. However, I still cannot maintain a stable enough connection for a video-based medical consultation. Many of my colleagues who work in farm settings report even worse connectivity. Ohioans in rural areas— those allegedly helped most by this bill— will often be unable to maintain a consistent telehealth connection. If a foundational video visit cannot occur reliably, no access is being meaningfully created.

Supporters of the bill have also claimed that homebound individuals or those without transportation will benefit. While I am sympathetic to these challenges, expanding mobile veterinary services would provide more meaningful and medically sound support. Many horse owners do not own trailers. Many rural residents cannot travel easily. Creating incentives for mobile and farm-call veterinary practices would preserve physical examination standards while expanding reach. In contrast, SB 60 aims to solve a narrow problem with a broad legislative tool—one that risks eroding quality of care for the vast majority.

Virtual care cannot replicate in-person evaluations. As a practicing veterinarian, I've encountered countless cases where verbal symptom descriptions pointed to one diagnosis, but physical examination revealed a different condition—or multiple concurrent problems. Kidney failure masked by low appetite, heart disease may present as fatigue. A pet's "vomiting" revealed as an obstruction requiring immediate surgery. Telehealth platforms cannot auscultate a heart, palpate a mass, or observe subtle discomfort during movement. These are not minor oversights; they are clinical blind spots.

The bill appears designed to streamline access to virtual consultations and prescriptions, not to preserve high standards of care. The proposed model seems to benefit pharmaceutical distributors and remote platforms more than the proposed model helps the nonverbal patients that we serve. In many cases, what a client may perceive to be a urinary tract infection may actually be bladder cancer. Lethargy might indicate internal bleeding, not just routine illness. A pet that isn't eating may be in the final stages of kidney failure. These conditions demand a hands-on exam and testing performed. Permitting a remote provider to prescribe based on a video call not only fails the animal—it also risks misleading the owner into believing meaningful care was delivered.

<u>If this legislation advances, I urge you to include a provision limiting remote VCPR establishment to veterinarians who also provide in-person care within Ohio. This requirement would allow necessary follow-up and ensure physical evaluations remain accessible when</u>

remote consultation proves inadequate. Without this connection to physical practice, the bill offers no solution when telehealth fails—and no recourse for the patient who suffers as a result.

SB 60 will also harm the economic foundation of community veterinary care. By enabling Ohio-licensed veterinarians living outside the state to consult and prescribe without ever visiting Ohio, the bill creates unfair competition for small clinics that maintain facilities, hire staff, and pay local taxes. If just 20% of client visits shift to telehealth and 10% of prescriptions are diverted, that 30% drop in revenue will force hard choices: staff cuts, reduced benefits, increased service costs, or in some cases, clinic closures. These consequences will ripple outward—to vet techs, receptionists, assistants, and ultimately to the families we serve. Ohio's animal health infrastructure relies on the sustainability of in-person practices. Undermining them with unbalanced regulation does not serve the public.

Of particular concern is the issue of antibiotic misuse. Since veterinary school, we have been trained in the principle of judicious antibiotic use—both to preserve efficacy and to minimize the development of resistance. Yet SB 60 allows a veterinarian to prescribe a 14-day course of antibiotics—and one refill—without confirming the diagnosis through testing or an in-person exam. I have treated numerous cases in which clients assumed their pets had urinary tract infections, only to discover cancer, bladder stones, or complete obstructions. Prescribing in such cases without proper diagnostics not only fails the animal, but also contributes to public health risks. The OSU Veterinary Medical Center has already experienced temporary shutdowns of surgical suites due to bacterial resistance—information shared publicly at a recent continuing education event. The overprescription of antibiotics, especially for ear, skin, and urinary conditions, will only worsen if we normalize video-based prescribing.

SB 60 also leaves unresolved the conflict between state and federal regulation. The American Veterinary Medical Association has made it clear that federal law prohibits establishing a VCPR solely through telehealth. Even if Ohio permits this pathway, the legal ambiguity will place veterinarians in an untenable position—especially if a federal challenge arises. The state should not legislate practices that contradict national legal standards without providing clarity and protection for practitioners.

The loss of local diagnostic insight presents another major concern. Emerging diseases often reveal themselves first through patterns observed by on-site clinicians. When Franklin County euthanized dozens of shelter dogs with respiratory symptoms, early suspicions pointed to distemper. In fact, the cause was a new influenza strain—an insight made possible through in-person vet engagement. If virtual consultations become the norm, especially from out-of-state providers, we weaken our surveillance systems and slow public health responses.

Pet owners call my clinic every day believing that a symptom description will lead to a diagnosis. But animals, like toddlers, cannot communicate verbally. In human medicine, pediatricians avoid telehealth for children under two. Why would we allow telehealth for pets, who are nonverbal their entire lives? Physical exams reveal conditions no video call ever could: irregular heart rhythms, fluid in the abdomen, oral tumors, neurological signs. Even behavioral complaints must be approached cautiously. Behavior specialists themselves urge us to rule out pain or illness

before diagnosing conduct disorders. A cat urinating outside the litter box may have bladder stones, not anxiety. A dog growling when touched may have spinal pain, not aggression. No video chat can resolve that distinction with confidence.

Additionally, health certificates should never be issued through remote platforms. These documents require physical verification by design and should remain exempt from telehealth allowances.

The absence of disciplinary provisions in SB 60 is equally troubling. Florida and California have both passed veterinary telehealth laws, but their statutes include explicit standards for ethical violations and clear enforcement language. Ohio's bill offers none. This omission leaves the public, and the profession, exposed to abuse.

For all these reasons, I cannot support SB 60 as currently written. Authorizing a remote VCPR and permitting up to 28 days of medication without an in-person exam sets a dangerous precedent. This framework invites national platforms to harvest revenue from Ohio pet owners while offering no local investment or accountability. If telemedicine is to play a role in our state, it must do so through professionals who also provide in-person care, maintain physical practices in Ohio, and remain accessible when video care falls short.

Animals depend on veterinarians to hear what cannot be said—to notice what is not shown. That responsibility requires proximity. No legislation should weaken that fundamental truth.

Respectfully,
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