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Chairman Schaffer, Vice Chairman Koehler, Ranking Member Hicks-Hudson and Members of the Ohio Senate Agriculture and Natural Resources Committee, thank you for allowing me to provide opponent testimony on Senate Bill 60.

I am reaching out to express my concerns with the proposed Senate Bill 60. As a veterinarian practicing general medicine for companion animals, I have many concerns with the ability to establish a VCPR virtually. Establishing a proper VCPR, entails obtaining physical parameters, in which can only be done in-person, and I do not believe client convince should trump quality care. My personal experience with virtual follow-ups during COVID was a glimpse of telehealth and the difficulties to follow. The notion that a telehealth visit would suffice to diagnose and recommend treatment for a patient is a highly concerning matter to me.

During the pandemic, my clinic began doing our surgery follow-ups virtually. This experience demonstrated the difficulty of telehealth in veterinary medicine. I was the person who knew the history of the patient, personally performed the surgery, and was merely evaluating for appropriate healing, which in several cases was nearly impossible with uncooperative patients, poor lighting and technologically challenged clients.

I am aware that human health has utilized telehealth effectively, but to compare a human and an animal telehealth visit is a false equivalence in my opinion. The ability to acquire basic exam parameters such as patient weight, heart rate, respiration rate or a rectal temperature reading would prove difficult for most owners - if they even had a thermometer they were willing to sacrifice for the task. Those are all things that almost any person would be able to quickly provide a human physician with during a telehealth exam. We dose all our medications on current body weight as we see patients ranging from 4lbs to 185lbs. If the owner is unable to weigh the patient, are we left to guess the weight? I can think of limited examples that I would feel comfortable diagnosing virtually - even with our most routine ear infections we perform an ear cytology to microscopically identify the infective organism so that the appropriate medications can be selected. The inability to perform diagnostics limits the ability of the practitioner to diagnose.

Many of the proponents of this bill have stated access to care for some clients as well as convenience as a reason for implementing a virtual VCPR. However, the client would still need to receive medications - which in some cases would be possible from a local human pharmacy, but many of the medications are animal specific and would not be available. This would result in the client needing to obtain the prescription from the Veterinarian's clinic during regular business hours - that's assuming the vet doing the virtual exam is local - which they only must be licensed in Ohio, not actually located in the state. The client may also order it online, which can take days to arrive and delay needed treatment. As a current solution, there is an ever-increasing number of urgent care facilities that provide availability without a

need for an appointment at all hours to accommodate the client's schedule. Convenience should not trump quality medicine.

The following excerpt is from a letter that was published last week in Today's Veterinary Business. The authors, Drs. Welborn and Salois, succinctly articulate many of my concerns with the proposed legislation.

Telemedicine: The Physical Exam Still Matters

Telemedicine offers real value for follow-ups, triage and client education. But removing the physical exam requirement from the VCPR is risky. Unlike human patients, animals can't describe their symptoms. They rely on veterinarians to observe and assess through hands-on exams.

Eliminating the physical exam opens the door to delayed diagnoses, misinterpretations and worse outcomes. While virtual care has its place, it cannot replace the cornerstone of veterinary medicine: the comprehensive physical exam.

Even more troubling is the rise of online pill mills — platforms issuing prescriptions without proper veterinary oversight. Without a physical exam, the risk of overprescribing, medication misuse and declining standards increases significantly. These platforms also undercut local practices, diverting revenue from in-person care toward poorly regulated, convenience-driven services.

Telemedicine should complement, not compromise, high-quality veterinary care. Removing the physical exam requirement doesn't improve access, it undermines safety and weakens professional integrity.

Do I believe there is a place in veterinary medicine for telehealth? I certainly do, but it should not involve establishing a VCPR.

Thank you for your consideration. If you have any questions, please do not hesitate to contact me. There is a standing invitation, and I would be honored to host any member at my clinic.

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