



February 25, 2025

The Honorable Rep. Joseph J. Solomon, Jr.
Chairman, House Committee on Corporations
State of Rhode Island General Assembly
82 Smith Street
Providence, RI 02903

LETTER OF OPPOSITION - H5334, AN ACT RELATING TO BUSINESSES AND PROFESSIONS – VETERINARY PRACTICE

Dear Chairman Solomon and members of the House Committee on Corporations:

The Rhode Island Veterinary Medical Association respectfully opposes H5334, An Act Relating To Businesses And Professions – Veterinary Practice for the reasons set forth below.

H5334 as presented requires veterinarians to provide consultations to animal owners when a drug is prescribed and dispensed for a patient.

RIVMA respectfully notes that, with a few notable exceptions (see below) the practices outlined in H5334 are currently the standard of care. The RIVPA (Chapter 5-25 of the General Laws) allows us to “prescribe and dispense medications and administer biologics”. In carrying out that role for the practice of veterinary medicine, we provide verbal and written pharmaceutical counseling to all of our clients as part of our standard clinical protocol. This is critical to our success in managing patient safety, client expectations and protecting public health. We have always successfully navigated the dual role of clinician and pharmacist. Given the broad spectrum of species we treat, the often-limited animal pharmaceutical research data available to base treatment decisions on and restrictive options based on the commercial availability of human drug formulations, we are uniquely skilled in adapting drug dosages, treatment regimens and communicating them to our clients in exhaustive detail.

We respect the legislators desire to codify this into our Veterinary Practice Act in an attempt to improve patient safety. However, we feel uniquely qualified to offer suggestions and comments to help ensure that we do not create a more confusing and potentially harmful drug dispensing protocol for clients and veterinary clinicians. We would draw your attention to the following concerns in the bill:

1. In a) the term “out-patient” setting must be defined. Would this include farm calls? Telemedicine consults? It also says “when a veterinarian initially prescribes” -we take this to mean that this requirement does not apply to medication refills.
2. If filling a prescription is outsourced to a human or online pharmacy, who is responsible for the consultation or distribution of information as it relates to this act?

3. In number 4 relating to "actions to be taken in the event of a missed dose"-this information is extremely individual and simply cannot be generalized or auto-generated in any way. There are too many variables that must be considered including current patient status, concurrent medications and specific diagnoses. Providing this for individual patients would be impossible. Clients typically call us for guidance in this scenario. We request this requirement be removed from the bill.
4. We feel that 5 and 5 b are redundant. We would remind legislators that we often use human drug formulations because many of our prescribed drugs are not available as FDA approved medications labelled for veterinary use. Drug inserts FOR humans describe adverse affects IN humans. They may not apply to our patients. This could be confusing and detrimental to clients understanding and potentially impact patient care. When inserts are available for FDA approved veterinary drugs they can be provided to clients.
5. The wording in 5c is not consistent with current RI Law. There is currently no registration process for veterinary technicians in our state. The legal titles referred to do not yet exist.

Thank you for your consideration and contact me with any questions (401) 533-4872.

Respectfully Submitted,

Leonard Lopes

