



April 24, 2025

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

**LETTER OF OPPOSITION and AMENDMENT – H5555, An Act Relating To Businesses And Professions -- Veterinary Practice- TELEMEDICINE**

Dear Chairman Solomon:

RIVMA strongly supports the integration of telemedicine into the practice of veterinary medicine in the state of Rhode Island. However, at this time, RIVMA must oppose H5555 as it is currently drafted. RIVMA is firmly aligned with the policy put forth by the American Veterinary Medical Association. (<https://www.avma.org/resources-tools/avma-policies/telemedicine>). Highlights of that policy are outlined below:

- *The AVMA strongly believes that veterinary telemedicine must only be conducted after a VCPR has been established in person.*
- *The in-person visit gives the veterinarian information about the animal's physical condition and allows the veterinarian to obtain appropriate diagnostic specimens. Both are important for a prompt and accurate diagnosis, particularly because animals may not show signs of obvious disease and cannot speak.*
- *A wrong diagnosis and/or treatment plan results in prolonged illness and suffering and increases costs for the animal's owner.*

In addition to the above, we have deep concerns that some direct-to-consumer commercial entities (as described below by the AVMA) could also infiltrate the RI market and lead to further harm to our veterinary patients.

- *Some direct-to-consumer companies appear to be sales-oriented rather than care-oriented, focused on delivering their preferred set of drugs and medical products instead of comprehensively evaluating patients and delivering best-suited care.*
- *Some of these companies are actively pursuing state legislative and regulatory changes that would allow a VCPR to be established electronically lobbying for virtual VCPR because, it appears their business model is only sustainable and profitable in an operating environment that allows a VCPR to be established electronically.*

**RIVMA stands with the AVMA and opposes any legislative efforts to eliminate the need for an in-person visit to establish the VCPR.** RIVMA respectfully maintains that allowing telemedicine visits in the absence of an established initial in-person VCPR will adversely affect animal health and have a profound negative impact on our current standard of care.

In conclusion, H5555 states specifically in 5-25-2 (ii) the following edits to the VPA “*or obtained current knowledge of the animal through electronic means, including via audio-only telephone or a video-based communication medium subject to the limitations of 5-25-18.*” The inclusion of these words would allow a VCPR to be established through telemedicine. Based on all the reasons outlined above, we strongly oppose this amendment. We are also opposed to adding a new definition for a “Veterinary Telemedicine Client Patient Relationship” as outlined in 5-25-18. This is a dangerous notion and should never replace our current VCPR.

**AMENDMENT PROPOSAL** - RIVMA would support an amendment that allows Telehealth visits to be scheduled ONCE the VCPR has been established and ONLY if the patient has been seen in person with-in an established time period (possibly one calendar year) of the virtual visit. By allowing clients to schedule appointments remotely during that time period we can accommodate the client’s need in the convenience of a virtual visit, maintain continuity of care and minimize risk for misdiagnosis. In addition, there would be pre-existing data in place to support any changes in treatment plans and full access to medical history. This is the standard of care for telehealth in human medicine and we feel our patients deserve the same level of protection. It is our belief that without this critical guard rail our patients will invariably suffer. Feel free to contact me with any further questions.

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Respectfully Submitted,

**Leonard Lopes /s/**

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