

January 20, 2026

Representative Joseph J. Solomon, Jr.
Chair, House Corporations Committee
Rhode Island House of Representatives

Re: H 7020 regarding veterinary practice and telemedicine

Chair Solomon and Members of the Committee:

I am writing to express the American Veterinary Medical Association's opposition to H 7020, which would allow a veterinarian-client-patient relationship (VCPR) to be established by electronic means without an in-person examination of the animal patient or medically appropriate and timely visits to the premises where animals are kept (e.g., laboratory animals, food animals, shelters).

The American Veterinary Medical Association (AVMA) strongly supports the use of telemedicine but opposes the use of telemedicine to establish the VCPR. The Food and Drug Administration (FDA) is clear about its requirements to establish a VCPR,¹ which include an in-person examination or premise visit, when using drugs in any manner that differs from their approved labeling (extralabel drug use);² using compounded products;³ and issuing Veterinary Feed Directives (VFD).⁴ The United States Department of Agriculture (USDA) also defines a VCPR with the same language as FDA, therefore an in-person examination or premise visit is required before using certain biologics, including prescription platform product biologics (a new category of biotechnology vaccines)⁵ and those that are manufactured by veterinarians for use in specific patients.⁶ General advice, such as how to housetrain a puppy or provide flea control, can be provided virtually without an existing VCPR. Triage, which is determining if an animal is experiencing an urgent or emergent condition and needs immediate veterinary attention, can also be provided virtually and does not require a VCPR. However, when an animal requires an individualized diagnosis, prescription, or treatment recommendation, then a VCPR is needed, and an in-person, physical examination or premise visit is part of establishing it.

The AVMA has long been concerned about inappropriate prescribing and dispensing of prescription drugs and the emergence and expansion of "pill mills." This business model consists of an online platform, with an affiliated pharmacy fulfillment mechanism and the use of employed or contracted veterinarians to prescribe the business's preferred drugs. Their focus is on drug product sales, not patient care. These models are bad for animal health and public health. Some prominent examples allow an animal owner to peruse a catalog of drug products and place orders, with suggestions for which drugs to order made by the consumer, or even worse, a platform may tell an animal owner to make their best guess about what drug to order for their pet. That is not veterinary medicine. It is drug pushing. Some websites openly offer drugs for sale that violate federal prescribing law, such as drugs that can only be used under federal extralabel drug use regulations that require a physical exam or premise visit before prescribing. When sold under such conditions, the federal Food, Drug and Cosmetic Act deems the use of the drug unsafe and the drug adulterated. It would be bad public policy and a disservice to animal owners in Rhode Island to establish an environment allowing such activity to flourish.

In addition, such business models can place immense pressure on practitioners who work for the sponsoring companies, making it more challenging for them to fully exercise professional judgment and follow best practice guidelines.⁷ Based on such concerns and learnings from the human healthcare space, including delays in critical diagnoses, provision of unnecessary or inappropriate drugs and other medical products, failures to identify and take into account co-existing conditions, concerns about potential drug-drug or drug-disease/condition interactions, duplicity in treatment due to disconnected providers, and attendant actions taken by the FDA⁸ and Department of Justice,^{9,10} this is a model that the AVMA does not believe veterinary medicine should emulate.

Another layer of concern when telemedicine is conducted in the context of an electronically established VCPR is overprescribing of antimicrobials and other medications. Multiple publications in the human healthcare space show increased prescribing of medications when telemedicine is used (and particularly

DTC telemedicine)^{11,12,13} as compared with in-person visits. Further, the FDA has specific regulations for how veterinarians prescribe drugs in an extralabel manner. It is illegal for veterinarians to prescribe drugs differently from the FDA's approved label instructions without first performing an in-person exam. This even includes adding flavoring to commonly used medications. We believe up to as many as 90% of medications prescribed by companion animal veterinarians may fall under extralabel drug use. If Rhode Island permits an electronic VCPR that conflicts with the federal VCPR, veterinarians will be at risk of violating federal prescribing laws.

The AVMA is the nation's leading representative of the veterinary profession, speaking for more than 110,000 member veterinarians across the United States, including Rhode Island, who care passionately about protecting animal health, animal welfare and human health. Responsible implementation of telemedicine requires that the health and safety of our patients are protected and that the trust of our clients is preserved. A properly established and maintained VCPR is one of the greatest safeguards we have available to protect animal health, the safety of the food supply, and public health.

Thank you for your consideration. We are happy to answer any questions and be a resource during the legislative process.

Sincerely,



Janet D. Donlin, DVM, CAE

Executive Vice President and Chief Executive Officer

¹ FDA letter to the American Veterinary Medical Association, April 6, 2017 – “Therefore, for the purposes of the federal definition, a VCPR cannot be *established* solely through telemedicine (e.g., photos, videos, or other electronic means that do not involve examination of the animal(s) or timely visits to the premises).”; During the pandemic FDA *temporarily* suspended enforcement of the federal VCPR physical exam and premises visit requirements. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/cvm-gfi-269-enforcement-policy-regarding-federal-vcpr-requirements-facilitate-veterinary>. In this announcement, FDA reiterated that under normal circumstances, “Given that the Federal VCPR definition requires animal examination and/or medically appropriate and timely visits to the premises where the animal(s) are kept, the Federal VCPR definition cannot be met solely through telemedicine.” Temporary regulatory discretion to establish the VCPR electronically for covered activities was removed in February 2023.

<https://www.federalregister.gov/documents/2022/12/21/2022-27673/enforcement-policy-regarding-federal-veterinarian-client-patient-relationship-requirements-to>

² <https://www.fda.gov/animal-veterinary/resources-you/ins-and-outs-extra-label-drug-use-animals-resource-veterinarians>

³ <https://www.fda.gov/animal-veterinary/resources-you/ins-and-outs-extra-label-drug-use-animals-resource-veterinarians#compounding>

⁴ 21 CFR 558.6(b)

⁵ USDA Veterinary Services Memorandum 800.214

⁶ 9 CFR 107.1(a)

⁷ https://www.wsj.com/articles/startups-make-it-easier-to-get-adhd-drugs-that-made-some-workers-anxious-11648267205?mod=article_inline

⁸ Food and Drug Administration. Warning letter: Aidaccess.org. Available at <https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/aidaccessorg-575658-03082019>

⁹ Department of Justice. Defendants sentenced in Tennessee for multimillion-dollar nationwide telemedicine pharmacy fraud scheme. Available at <https://www.justice.gov/opa/pr/defendants-sentenced-tennessee-multimillion-dollar-nationwide-telemedicine-pharmacy-fraud>

¹⁰ Department of Justice. National health care fraud enforcement action results in charges involving over \$1.4 billion in alleged losses. Available at: <https://www.justice.gov/opa/pr/national-health-care-fraud-enforcement-action-results-charges-involving-over-14-billion>

¹¹ Foster CB, Martinez KA, Sabella C, Weaver GP, Rothberg MB. Patient satisfaction and antibiotic prescribing for respiratory infections by telemedicine. *Pediatrics* 2019;144(3):e20190844. doi: 10.1542/peds.2019-0844

¹² Sprecher E and Finkelstein JA. Telemedicine and Antibiotic Use: One Click Forward or Two Steps Back? *Pediatrics* 2019; 144(3):e20191585

¹³ Li KY, Ngai KM, Genes N. Differences in antibiotic prescribing rates for telemedicine encounters for acute respiratory infections. *Journal of Telemedicine and Telecare*. 2022;0(0). doi:[10.1177/1357633X221074503](https://doi.org/10.1177/1357633X221074503)