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On Behalf Of:
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Wildfire
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Veterinary medicine is a safety-critical profession, a fundamental reason why it, along with other branches of medicine, require licensure and regulation. As veterinarians, we are bound by the practice act to have provisions for emergency care for our patients, as well as carry liability insurance to ensure that if an adverse event occurs, clients are covered. Equine dentistry requires sedation in most cases and sedation requires the ability to perform a thorough cardiovascular and respiratory assessment. Having practiced long enough to have witnessed some train wrecks created by lay dentists, I believe that lay dentistry is unsafe if not performed under veterinary supervision. Should the OVMEB allow licensed paraprofessionals (CVT or similar) to perform dentistry under the supervision of a DVM. Probably yes; in that situation, there is oversight of both dental technician and DVM, along with accountability for patient safety. The situation is similar for pregnancy checking: what assurance in the current proposal that the pregnancy checker has adequate training, as well as liability insurance for patient and/or client injury? I suspect none. Should the OVMEB allow licensed paraprofessionals (CVT or similar) to perform pregnancy checking under the supervision of a DVM.

Historically, the practice of preventative health care and herd health, as well as pharmacy sales, has subsidized emergency services for large animal clients. Having worn a pager for 5 years as an ambulatory LA veterinarian, this was not a revenue center (nor lent itself to adequate sleep) but is part of our professional obligation to our clients.

We have a disrupted financial model, stemming in large part from the internet: pharmacy revenues now accrue to online or community pharmacies (often at my behest since my first obligation is to ensure that the patient gets the drug they need, versus any "profit motive" I seem never able to embrace). High volume, low stress, daytime elective procedures tend to generate reasonable, though not munificent, revenue to support a practice. That portion of practice is yet more remunerative if a full service clinic is not required (as it is for DVMs), nor the investment of >\$250,000 to acquire the necessary medical training. Thus we see the "peeling" off from veterinary medicine of areas which have lower overhead, "easy" hours, and lower labor costs. This vicious circle makes rural/large animal practice an economic model which even fewer wish to go into (rural mixed practice incomes are about 1/2 of what metro small animal practice incomes are). We then end up with an even greater shortage of rural/large animal vets, this shortage often being the reason cited for wanting to expand lay practice. Perhaps this shouldn't bother me since I no longer

practice but it does since our patients and clients should be able to access medical care but these sorts of effort will, in the long run, exacerbate rural veterinary shortages, compromise patient safety, and do not serve animal owners well.