

Chair Gordon, Vice-Chair Nash, and members of the committee:

My name is Jill Parker, veterinary surgeon living in Philomath, with 40 years of experience as a veterinarian, 30 on the faculty at OSU College of Veterinary Medicine working on horses and other large animals and teaching veterinary students. I am representing the Oregon Veterinary Medical Association and am Immediate Past President.

I oppose SB976 for many reasons, and here are some of them:

1. **Senate bill 976 is too vague.** What constitutes a “valid degree or certification in equine dentistry,” and what is considered “training” to verify whether cattle are pregnant are not defined, and there is no standardization or valid accreditation. This creates the opportunity for animal welfare and consumer (client) protection issues related to quality of care and potential for harm.

The training and other requirements need to be clearly defined and be an equivalent standard to those applied to veterinarians if lay people are to be allowed to work independently.

Standards for veterinarians are defined. Briefly, all veterinarians working in Oregon graduated from an AVMA accredited program, which also have specific and high standards for admission. Graduates must pass the National Board Examination, and meet State licensing as well as continuing education requirements. Furthermore, there are consequences for not meeting the standard of care, including loss of their veterinary license and ability to practice. None of these requirements apply to lay people doing equine dentistry.

The International Association of Equine Dentistry (IAED) is an organization notably trying to set standards for equine dentistry; however, certification is not comparable to a veterinary education. **IAED does not accredit, recommend, or endorse specific training programs.** It does list several training programs on their website, but with the following disclaimer:

“These institutions are listed as a public service only. The IAED does not recommend or endorse general programs. We do recommend that you thoroughly research your decision before committing to any program. You should also research your region’s statutes in regard to providing equine dental services professionally.”

<https://www.iaedonline.com/education/>.

The training programs listed are generally described in the number of hours or weeks of training versus years for veterinarians. There are standards for IAED certification, but membership in the IAED does not require any training or experience, while providing voting rights in annual election and membership meeting for an annual fee.

Other states are also addressing the issue of lay dentists, but nearly all consider it the practice of Veterinary Medicine and require non-veterinarians be supervised by a veterinarian. One state, Minnesota, for example allows lay dentistry but does not allow the use of motorized instruments or the use or administration of sedation by non-veterinarians. Direct or indirect supervision of lay dentists is required, with presentation of a letter from the supervising veterinarian to the licensing board. I believe a veterinarian needs to agree to supervise lay dentists in Nevada for them to perform equine dentistry.

2. Related to the lack of comparison in training, **equine dentistry involves more than the procedure done in the horse's mouth.**
 - a. **It also requires evaluating the entire horse and considering the overall health.** Veterinarians can recognize and address concurrent diseases and conditions, and are trained in preventing spread of infectious diseases. Veterinarians also have training in anatomy, physiology, diagnostic imaging, microbiology, and pharmacology to name a few that are relevant to equine dentistry. This serves both the horse and owner. Recognition of concurrent illnesses and conditions before performing procedures is very important to preventing complications and maintaining the overall health of the horse. **Lay people don't have this broad knowledge or training.** The same principles apply to pregnancy checking in cattle.
 - b. **Equine dentistry procedures involves use of motorized instruments** - power tools - in the horse's mouth. Motorized instrument can very quickly remove excessive tooth and cause other trauma in the mouth, which poses an animal welfare issue.
 - c. **Use of motorized equipment requires sedation - fairly heavy sedation.** Horses can experience unexpected adverse reactions to sedation drugs, especially when a physical examination of the horse is not done before the dental procedure. Adverse reactions to sedation may require immediate veterinary treatment assessment and treatment, which lay dentists cannot provide.
 - d. **Veterinarians are the only ones who can legally sedate a horse as well as prescribe other medications, such as antibiotics, to treat dental and oral conditions.** It is important to note that xylazine and detomidine, a related alpha-2 agonist drug, are the two most common drugs used for sedation in horses undergoing equine dentistry. **Others who are not licensed should have no access to these drugs.**
3. **The idea of allowing non-veterinarians to practice Veterinary Medicine because there might not be a veterinarian available or because it provides a choice for owners is a specious argument and minimizes the importance of veterinarians' education and training, as well as minimizes the inherent value of individual animals and the potential for harm.**
 - a. Non-veterinarians should not practice Veterinary Medicine, just as non-dentists should not practice human dentistry.
 - b. Furthermore, there is no reason to believe that the cost of a non-veterinarian doing dentistry would be any less expensive or that non-veterinarians would be more likely to work in rural or other underserved areas compared with veterinarians.

Opportunity for choice is a good thing, but not when standards for one choice are poorly defined and when the choices are not equivalent, but are presented to the client as though they are. That is particularly true when animal welfare may be compromised.

Thank you for your time and consideration.

Dr. Jill Parker, VMD, DACVS