

2009 SENATE AGRICULTURE

SB 2395

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. 2395

Senate Agriculture Committee

Check here for Conference Committee

Hearing Date: February 5, 2009

Recorder Job Number: 8891

Committee Clerk Signature



Minutes:

Sen. Flakoll opened the hearing on SB 2395 a bill to require a study by the state board of veterinary medical examiners regarding afterhours emergency care. All members (7) were present.

Sen. Baake, district 43, testified in favor of the bill.

Sen. Baake- I bring before you this bill because I have been informed that in ND there is a lack of emergency veterinary care and this study would be a start at outlining these issues and providing some recommendations from the state board of veterinary medical examiners. There are people here that will give you more specifics on this problem.

Rep. Pinkerton, district 5, testified in favor of the bill. See attached testimony, attachment #1.

Sen. Taylor- where is the practice act, do you recall the title and chapter?

Rep. Pinkerton- I am sure that I can find out for you.

Sen. Klein- does SD dictate to the professionals when they should be open, I am just having a difficult time here as we look at this study trying to tell them how they should run their business. This is a good point but why is the legislature caught up in the middle of this?

Rep. Pinkerton- part of the main reason that this was done in this matter was under advice from the legislative council.

Nancy Kopp, ND Veterinary medical association, testified in opposition to the bill.

Nancy Kopp- The NDVMA was unaware of any situation with any emergency care provided in our state until I received a copy of this bill. If there are problems we feel we should seek solutions internally not externally. Again we feel that if this is a problem we will do whatever we can in our power to find solutions. After receiving a copy of the bill we felt a need to conduct a study of our own and we did just that. Here are the results of the study. See attachment #2. We do not feel another study is necessary and I am confident that our association will work with this.

Dr. Del Rae Martin, Veterinarian, testified in opposition to the bill. See attached testimony, attachment #3.

John Boyce, Executive Secretary of ND board of VME, testified in opposition to the bill. See attached testimony, attachment #4.

Julie Ellingson, ND Stockmen's association executive vice-president, testified in opposition to the bill.

Julie Ellingson- From our position we like that it allows us to address a issue that we have had a concern for for awhile. Although we think that it would be more helpful to have more clinics and vets available when they are needed, our members know that our states large animal vets are already overworked, overstaffed and way to few in numbers. We think that there should be more programs to get vets into our state. So our suggestion is that we look at this topic to be addressed.

Sen. Flakoll closed the hearing.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No.2395

Senate Agriculture Committee

Check here for Conference Committee

Hearing Date: February 6, 2009

Recorder Job Number: 8905

Committee Clerk Signature



Minutes:

Sen. Flakoll opened the discussion on SB 2395 all members (7) were present.

Sen. Wanzek motioned for a Do Not Pass and was seconded by **Sen. Taylor**, vote 7 yea 0 nay 0 absent. **Sen. Flakoll** was designated to carry the bill to the floor.

Sen. Flakoll closed the discussion.

FISCAL NOTE
Requested by Legislative Council
01/27/2009

Bill/Resolution No.: SB 2395

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2007-2009 Biennium		2009-2011 Biennium		2011-2013 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures		\$600				
Appropriations						

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2007-2009 Biennium			2009-2011 Biennium			2011-2013 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The board has been asked to conduct a study relating to the provision of after hours emergency care by veterinarians, and to report its findings and recommendations to the legislative council by July 1, 2010.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

The study will need to be drafted, reviewed, and mailed, and the responses compiled. A report will have to be prepared. Estimated expenses include \$500 for staff time (approximately 26 hours for board clerical and professional staff) and \$100 for postage (mailing to about 200 veterinarians in North Dakota).

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The board does not receive revenue from the state. The board's revenue comes from license fees, which are deposited into fund 307.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

Estimated expenses for the study are \$500 for staff time and \$100 for postage. The expenses will be paid from the board's fund, 307.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

The board does not receive appropriations from the state, nor is any state appropriation needed or requested for this study.

Name:	John R. Boyce	Agency:	ND Board of Veterinary Medical Examiners
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Phone Number: 701-328-9540

Date Prepared: 02/04/2009

REPORT OF STANDING COMMITTEE (410)
February 6, 2009 12:28 p.m.

Module No: SR-24-1956
Carrier: Flakoll
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

SB 2395: Agriculture Committee (Sen. Flakoll, Chairman) recommends DO NOT PASS
(7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2395 was placed on the
Eleventh order on the calendar.

2009 TESTIMONY

SB 2395

Senate Bill 2395

Chairman Flakoll and Members of the Agriculture Committee

I'm Rep. Louis Pinkerton, Dist. 5. I'm a veterinarian; I practiced mixed animal practice for 13 years and exclusively small animal practice for the last 26 years. I have practiced mostly with a large group of veterinarians and we have had a veterinarian on call every night, every week-end and holiday for that entire time. I know other veterinarians in the state have not been able to maintain that call schedule for health or family reasons and I certainly understand. Most veterinarians use cell phones or pagers, and they malfunction and you cannot be available every minute or hour. Many North Dakota veterinarians either practice solo, or they have to deal with the vacations of their partners. They will definitely be gone some, and we should always remember some emergency veterinary care is better than none at all.

I am a past president of the North Dakota Veterinary Medical Association, and I respect their dedication and long and proud history. I'm sorry we could not be in agreement and that we could not have communicated better, but we are in disagreement on the status of the North Dakota Veterinary Practice Act and the rules on emergency care veterinarians should provide.

Many veterinarians in our area simply can't maintain a continuous on call ability, and we have tried to be understanding of those veterinarians and generally it has not been a large problem. I think that is true throughout the state, and in all likelihood the survey the North Dakota Veterinary Medical Association will demonstrate it is not much of a problem state wide. As with most regulated professions, in veterinary medicine it is the exceptions that cause the system to evolve.

The problem arises when veterinarians or groups of veterinarians decide not to provide emergency service at all. When another veterinary clinic in our town stopped providing emergency care it became necessary for my veterinary clinic to first contact the clinic, and getting no response, I contacted the Veterinary Examining Board and learned they thought there was no provision in the Practice Act to regulate emergency care. At that point I informed the other practices in Minot we would try to only see our clients and we added that message to our answering/call forwarding system. I felt badly about not seeing the other emergencies, but it was simply becoming too stressful for our staff. This has gone on for about 18 months, and we still see a significant number of animals from other practices.

In the fourth week of January, my office received the letter concerning the unfortunate problems of a dog that had surgery at the practice that doesn't see emergencies of dogs or cats, even with those clients and pets that have a strong client-patient relationship with that practice. We received the complaint because our name was mentioned.

I know the board of veterinary examiners is a small board with limited resources. I do not envision this being a major production effort with two dozen vets meeting at the Capital twice a month for the next 18 months. I believe that the board, within its regular meeting structure, can through the use of

conference calls, start a conversation about this matter and toward the end of the interim, provide a brief report – which can even be an oral report – to an interim committee, so we as legislators can be assured that the matter has been addressed.

I hesitate to give this information out, but your committee needs to know what prompted this bill. Again this is only one side of this complaint and I have blacked out the names. The circumstance that could lead to this type of I know are factual.

In conclusion, I do not believe veterinarians should be forced to provide emergency service, but I do feel that there should be guidelines and options for veterinarians to prevent these types of problems for the sake of the animal, owner and veterinarian. The Board of Veterinary Examiners, with advice from the veterinarians of the state is the best way to regulate those options and guidelines. I believe a study, involving the excellent Board of Veterinary Examiners and their nationally recognized Executive Director, would bring answers.

Finally, I would encourage the board to study the large animal veterinarian's needs. The large animal veterinarian faces a tough emergency call challenge, more than I do in small animal medicine.

I strongly believe North Dakota has excellent veterinarians and I believe the legislature has already demonstrated a willingness to spend the money and put in the work to provide an opportunity for quality veterinary care to our rural areas and our producers.

NDVMA Afterhours Emergency Care Survey

201 NDVMA Members

Less 23 associate members (non-state veterinarians)

Less 18 veterinarians without fax or e-mail

Less 14 veterinarians practicing in the academic or government field

146 Total members surveyed representing 85 clinics

1. Do you think the NDVMA should support passage of this bill?

8 Yes

113 No

1 N/A

- For the regions of small towns.
- Indifferent, I guess it would depend on what the legislators want to actually do with the information.
- Yes, only if the NDVMA cannot resolve issue without legislative support.

2. Does your clinic/hospital provide after hours emergency care?

51 Yes

42 - 24 Hours/7 day a week

8 - Limited hours and days

5 No

- We are just a large animal clinic, so we run calls from mid-February to June. This is when the bulk of our emergency cases are. Most of our clients have our cell phone numbers and can reach us during the rest of the months when we don't have a specified veterinarian on call.
- Local emergency clinic takes all after hours emergencies.
- I am a small rural out of my home mobile mixed practice. I offer emergency service when I am available. I cannot offer 24/7 service, my family comes first.
- We are on call almost every night and weekend. Since we are married and have young children, there are times when we can't be available. Also, nobody can be expected to be on call 24/7. You need time away for vacations and CE. We have tried to find some one to cover these times, but no one is available. When we are out of town, but within the local area, we always carry our cell phones and answer questions from clients. If they need to be seen, we try to arrange a time for when we return to Minot.
- We cover our established clients. This practice is 95% bovine. We cover calls 24/7 from March thru May. It is somewhat hit and miss the other nine months. There are 4 other clinics with in 20 miles looking at large animals, 8 other clinics looking at small animals.
- We are on a rotation with 3 other clinics so that a vet is always available.
- Where is this bill going? It would be unreasonable to make it against the law to not be available for emergencies. Our clinic has an advantage since we have three veterinarians. Solo practitioners can't provide 24/7 service.
- I do leave at times, but leave a message on my machine to call another clinic.
- I believe the politicians should spend their time and the public's money on topics that are more important. Like possibly recruiting more vets to the rural areas and loan repayment help.
- This is a single doctor practice. Doctors can not answer all calls and be available at all times.
- There has always been 24/7 care in Bismarck/Mandan and surrounding areas since Dr. Orchards time - large and small - that's a long time ago.
- Through the Red River Animal Emergency Clinic in Fargo.

Question 2 Comments Continued

- I am a solo practitioner and I provide after hours emergency service 24/7 for our clients except on rare occasions when I am out of town. When I am not available, a member of our staff is available to talk with clients and advise them of other emergency care options.
- We have all of our emergencies, via mutual established relationship, sent to the Red River Animal Emergency Hospital when we are not available. Hours that we are open we handle our own emergencies.
- We have the emergency clinic in town that covers small animal emergency whenever the day clinics are not open. There are also a few practitioners that cover the large animal calls. I am a solo practitioner in a rural area. I do not think the legislature nor the Board of Examiners has any business telling me how and when I will run after hours in my clinic. The state of ND is having enough difficulty attracting veterinarians without burdening them with a law telling them what they can and cannot do after hours. I have been practicing in ND since 1985 and by myself since 1987. I do my best, but there are times when I cannot meet the demands of the after-hours requests placed on me. That is when I refer to other practitioners in the area as they do with me. I cannot and will not be everything to everybody that walks through the door of my practice. I am uncertain as to the reasoning behind this legislative proposal. Anyone in rural ND needing veterinary service after hours will tell you that it can be difficult and trying to find a veterinarian, much less one skilled in a particular specialty. For example, this fall, a Yellow Lab from Wisconsin catapulted out of the camper and sustained multiple fractures in the process. This was Saturday afternoon. Rugby Veterinary Clinic was able to take him Monday, but that Saturday I called everyone in a 2 hour radius from Cando, including Minot and Grand Forks, looking for someone to help. Which brings me to ask why the question of liability surfaces? The only thing I would be less in favor of with respect to after-hours legislation, would be legislation telling me I am liable if I practice veterinary medicine and am not available 24-7 or do not meet quality care standards for which I am ill equipped.
- We share after hours services with 2 other clinics in our area.
- Within reason. I am a solo practitioner, to do 24/7/365 is not a physically or emotional possible.
- A Survey is a waste of time and money. What are you going to do if you find there are not adequate after hours services and who decides what is adequate? Is the state going to pay us for extra hours? Are you going to force us to stay open?
- We supply 24/7 emergency duty unless we are out of town or otherwise unable to do so.
- Petcetera Animal Clinic has a cooperative agreement with Kindness Animal Hospital in Grand Forks, and Peterson Veterinary Clinic in East Grand Forks to provide veterinary and emergency service 24 hours a day 365 days a year.
- We refer clients to the local emergency clinic so when we are closed, they are open.
- Large animal emergency service is provided by Drs. Roth & Reichert small animal emergency service is provided by Red River AEC.
- Availability is limited due to family obligations. I am a solo practitioner. I take emergency calls whenever possible.
- I am the only veterinarian in our small animal clinic. It is not plausible to take calls for any reasonable amount of time. I also have significant health issues precluding extra service.
- I am not currently in practice, but I have worked in two clinics (Southwood Veterinary Clinic, Jamestown/Carrington and Missouri Valley Veterinary Clinic, Bismarck) that provided 24/7 emergency care. The Board of Animal Health veterinarians do answer calls 24/7 regarding import questions, inhumane treatment of animals, etc.
- During calving season (2-15 to 5-15) we have 24/7 call, otherwise we don't. There are extremely few true emergencies on the large animal side other than calving/foal season. Many times a perceived emergency isn't, or it is something that has happened during the day and became an emergency when they came home.
- We support the Red River AEC. This clinic provides service for small animals in a 25-50 mile radius of Fargo.

3. How do you inform or publicize to the general public or your clients of your after hours emergency care services if provided? (ie. Signage, website, yellow pages, answering machine, etc).

- We do not advertise emergency calls in our ads, but we have an answering machine to provide clients with the information. Our clients have also been informed through a newsletter that we do our best to be available for after hours care, but because we are a husband/wife team with a young family, there will be times when we are unavailable.
- Answering Machine – 41
- All after hours calls go to an answering service and the appropriate doctor on call is paged to respond.
- Yellow Pages - 20
- We tell the public/clients that they should call the clinic number and will get the answering machine. It will tell them to call the veterinarian on call cell phone number and leave a message.
- Routine clinic hours are listed in yellow pages. If clients call after hours, answering machine gives contact number or directs to call another clinic if unavailable.
- Website – 8
- Business Cards - 6
- Sign on door - 7
- We share emergency calls with 2 other clinics in town. After hours, our phone is forwarded to the answering service for the clinic on call.
- We do not advertise emergency services, but we have someone available to take calls after hours. After talking with the client, that person may call the veterinarian, schedule an examination for the animal during regular hours or advise the client of other options for emergency service (Red River Animal Emergency Clinic in Fargo).
- Client Introductory packet.
- Clinic Brochures.
- I am in the phone book and when I have a patient I think will need additional care, I give them my cell phone. I do not openly encourage non-clients to call after hours, although being in an area frequented by tourists with animals, I try to be available when needed. There are times when I feel like a worn-out doormat from long hours, inadequate support from employees, and not always being appreciated. I am, however, of the opinion that this cannot be legislated away.
- We pick up the phone directly after hours in our home, or have an answering machine telling the cell phone number of the doctor on call or the phone is forwarded to a cell phone or home phone. We do not advertise, but our clients know that we are available.
- Word of mouth.
- The answering machine at the clinic provides our cell phone number for emergencies. That is the only advertising we use but it works.
- We have always provided 24/7 care. Our clients know this and expect it.
- Discussions at clinic – 3.
- Anyone who calls gets a machine that states we do not have a small animal vet on call and that they should seek emergency services elsewhere.
- Local Paper.
- The clinic phone is forwarded to the on call vet and we answer the phone.

4. Do you have a formal/informal agreement or make arrangements with other local clinics, when you are not available to provide after hours emergency service?

24 - Yes

31 - No

2 - N/A

- Emergency clinic makes sure that they know the schedules of all the clinics.
- One of four doctors is always available so there isn't a time when we don't provide after hours service.
- I suppose for most veterinarians it is a no brainer, they already know emergency service availability is not what it should be if you are not near a larger town or near a town with a multi-person practice. On Saturday night I had a call from New Town, about a dog with a broken back, they could not find anyone in their area to help them and found our number because we have a website. When we are on call for Grand Forks, we get calls from Roseau, MN all the way to the West of Devils Lake. We only see small animals and I can't imagine the amount of financial losses that are sustained by ranchers who don't have access to care. It could be, that when the lawmakers know how much it is costing the people of ND, they may vote for another slot or two in veterinary colleges.
- Before the emergency clinic, we did take turns with emergency on call with other local clinics.
- Through the Red River Animal Emergency Clinic in Fargo.
- We also answer for surrounding vets if they ask us.
- If out of town, will alert other local veterinarians and give instruction to clients via voicemail.
- On a limited basis, I tell them to call another clinic. Also, in addition, I do recall taking an oath to provide care to animals. I think we are getting lazy.
- If I can't be on call for a time period, I ask another vet to handle them. There are times we are busy with other emergencies or can't get to the clinic in the time the clients expect us to, so they try all the other clinics. **BUT SOME VET CLINICS DON'T WANT TO WORK TOGETHER, ESPECIALLY IN BISMARCK.** Kinda like kids having spats.
- If an emergency shift needs to be switched or covered by another doctor, it is usually easy to arrange. There is always a doctor available for emergency calls after hours, and phoning any clinic after hours will reach him/her.
- Red River Animal Emergency Clinic and LRRE service for large animals.
- If we are unavailable and an animal must be seen, we refer them to Bismarck. An arrangement with other clinics in the area couldn't be reached and the other clinic in our town doing emergency care refuses to see people after hours unless they are already an established client.
- We take whatever calls we get from the region as many of our neighboring clinics are solo practitioners. Their clients may find it inconvenient to drive to Hettinger, but I don't think you can ask much more from us.
- There are no other clinics locally.
- We also deal with smaller clinics dumping emergencies. Though impolite, it's not a legislative issue, but a board, professional issue. I also know that there are times when I am working on a patient or patients and can't answer the phone and someone else picks up for me.
- In rural ND, we all are stretched to the limit at times. Hiring relief vets is not an option for some of us. Making me liable for not being available will not help this situation and will make recruiting new vets more difficult.
- We are always available, unless there are technical difficulties with the phone.
- We answer the after hours phone 24 hours a day, everyday of the year.
- We have 4 vets, we're always available.
- We have three veterinarians, so we do not require arrangements with other clinics. There are however, two area clinics that refer patients to us when they are not available. Some veterinarians in this area do not provide any after hours emergency service and others are not always available, so reciprocity agreements are not workable. It is virtually impossible for, and unreasonable to expect, a solo practitioner to be available 24 hours a day, 7 days a week, 365 days a year.

Question 4 Comments Continued

Requiring veterinarians to provide 24 hour/7 days a week/52 weeks a year emergency service would eliminate solo practitioners in many small towns and rural areas. No other professional, including physicians in rural areas, is expected to be available 24 hours a day, 365 days a year, and veterinarians shouldn't be either. One of the tradeoffs of living in a small town or rural area, is that not all services are available 24 hours a day. For those for whom those services are important, they can be found in the larger cities. Requiring veterinarians to provide 24/7 emergency service by statute would significantly increase the costs for all veterinary services (e.g., staffing a hospital 24 hours a day in order to be available for the occasional emergency), and would, in the long term, reduce the affordability and availability of veterinary services for many people.

- At least one multi doctor practice in Bismarck advertises for 24 hour emergency care.
- Clients know to contact another nearby clinic if we are not available.
- I don't average 3 after hours calls per month. Just what we need, more government intervention. We don't need to waste money on this.
- We have no arrangement with other clinics. When we are unavailable we either have a message recommending that they contact another clinic of their choice or we answer the cell phone and discuss their options with them. Sometimes it is not really an emergency after all.
- Always provide emergency services.
- Do not have an agreement with other clinics, but do see after hour calls from their regular clients.
- All through the local emergency clinic.
- After hours emergency calls for small animals are routed to the Red River AEC or the large animal pager to alert Drs. Richert or Roth.
- Owners are allowed to choose where they would like to seek emergency care when we are unavailable. For long-term unavailability, another clinic is alerted and requested to field all emergencies.
- This clinic is completely ostracized by one of the clinics about emergency services. They even have a message on their machine that states they will not provide emergency services to anyone who is not an existing client – despite the fact that they have the most vets (5). The other two vet clinics are supportive.
- I do let other clinics know to cover when I am unavailable.
- I am a single practitioner and I cannot provide 24 hour care, 7 days a week 365 days in a year or I would be completely burned out and would have to quit the profession completely. I work more hours than any multi-practitioner practice and feel the legislator should have no regulation on that at all.
- When I am going to be gone, we sometimes call another clinic to give them a heads up. Note – we work 60-90 hours a week much of the year during the day and frankly have to sleep and see our families sometimes.
- I believe the problem gets back to inadequate support to educate and attract veterinarians to ND. Help with loan repayment and possibly, government subsidy of regional after hours clinics - e.g. during calving season may be necessary.

Other comments:

- It has been known for some time that veterinary services in ND is in short supply (emergency care or otherwise). We DON'T need a state bill to investigate this issue. It is a waste of taxpayer money to investigate a problem that we know is already there. The NDVMA is well aware of the issue and can address it internally.

Even though there is a shortage, veterinarians are very diligent in providing prompt, affordable emergency care for their clients. In most cases, I believe we as a veterinary profession exceed our client's expectations in emergency care.

What is the end purpose of SB 2395? If it is to try to make a change to the Practice Act, making it mandatory to provide emergency care, it will effectively make emergency care less affordable for some people, and therefore overall animal welfare will suffer. If we are to attract veterinarians to our state, we can't adopt a rigid Practice Act which makes emergency care mandatory. In more urban areas a 24 hour emergency clinic is the norm. These clinics are staffed by full time doctors who handle emergency cases after hours. In a rural area, the economics of such a clinic are not feasible. We stand very much opposed to SB 2395.

- We don't see the purpose of a survey on this matter. If you are a veterinarian in a local area you don't need a survey to answer these questions!
- No, I do not think the NDVMA should support this legislative move to control our profession. This issue should be handled by individual veterinarians who have problems with other veterinarians in their areas. This is not something the ND legislators need to address. In addition, just who would pay for the one-year study and who would do it? Did anyone ask the ND Board of VM Examiners if they want to do this? The NDVMA does need to encourage regional areas to get together on trading off weekends, etc, to lighten the load on everyone. This should be seen as a practice builder and not a threat to them for losing clients. Clients would greatly appreciate this if NDVMA members would do this. Too often I even get called by desperate or frustrated clients during the holidays and weekends who cannot get through to anyone and messages are not answered in a timely way. Emergency work cannot be made a law. We should be able to discipline ourselves without involving the state legislature.
- Would be nice for Minot to have an emergency clinic, but it is very hard to attract veterinarians let alone money to this part of the state for such a project.
- I am opposed to a legislatively mandated survey. I do not know what the intent is or what the information gleaned from it would be used for.

SENATE BILL 2395

Chairman Flakoll and members of the Agriculture committee, my name is Dr. Del Rae Martin. I have a small animal practice in Mandan and sit on the executive committee of the North Dakota Veterinary Medical Association. I have been in practice for 23 years and have worked in a 9 doctor practice in the Chicago suburbs, as well as two 2 doctor practices and as a solo practitioner in the Bismarck-Mandan area. All of the practices have provided their own emergency services. When we graduate from veterinary college, we take an oath, part of which states that we will practice our profession conscientiously, with dignity and in keeping with the principles of veterinary medical ethics. Under the Professional Behavior heading of the Principles of Veterinary Medical Ethics of the American Veterinary Medical Association section E, states that veterinarians may choose whom they will serve. Both the veterinarians and the client have the right to establish or decline a Veterinarian-Client-Patient Relationship and to decide on treatment. Section F states, In emergencies, veterinarians have an ethical responsibility to provide essential services for animals when necessary, to save life or relieve suffering, subsequent to client agreement. Such emergency care may be limited to euthanasia to relieve suffering, or to stabilization of the patient for transport to another source of animal care. The principle was clarified by stating:

1. When veterinarians cannot be available to provide services, they should arrange with their colleagues to assure that emergency services are available, consistent with the needs of the locality.
2. Veterinarians who believe that they haven't the experience or equipment to manage and treat certain emergencies in the best manner, should advise the client that more qualified or specialized services are available elsewhere and offer to expedite referral to those services.

My professional colleagues are the most compassionate and empathetic people I know. When my previous business partner was deployed and I worked as a solo practitioner, I gained a new appreciation for all solo practitioners, especially the mixed animal veterinarians in our rural areas. Our clients are our friends and our neighbors. We, as veterinarians, work hard to maintain the health of their companion animals and livestock. We all feel an obligation to be there for our clients. As veterinarians we deal with tough medical, physical, business and emotional issues on a daily basis. In addition to our professional obligations, we have an obligation to ourselves and our families. As you read the responses to the NDVMA survey, I believe you can appreciate the struggle we as veterinarians, go through to provide emergency services to our clients and non-clients. In addition, we must make time for our personal lives and families.

The state of North Dakota continues to struggle with the supply of veterinarians. At the recent AVMA Leadership conference, I was frequently asked what we were doing to attract veterinarians to our state. We are not the only state facing limited supply of veterinary services and we need to continue to work on our incentives.

I am not sure what the advertising parameters the bill wants addressed. The American Animal Hospital Association member hospitals are required to provide 24 hours emergency care and they usually advertise such, in their yellow page ads. I am not a AAHA hospital and my hospital's yellow page ad does not state 'emergency services available'. However, I still provide emergency service and still have first time clients that call my hospital number and leave a message to have me call. Many times I have tried to return the call and either receive a busy signal or told they already have talked to a veterinarian. It has been my experience that people in need of emergency services, even if they do not have a regular vet, call everyone in the area until they reach a veterinarian or a veterinarian is finally able to reach them. There are times when you cannot immediately return a call within 5-10 minutes, such as when you are already dealing with an emergency. I return the call as soon as I am able and most of the time they have already contacted another veterinarian. If it is one of my established clients, they will usually call back if they have not heard from me in 10-15 minutes. I do not feel advertising emergency service availability is an issue.

I would like to know what the intent of the bill is, including the word liability in the bill. I feel further clarification of the intent is necessary. The Board of Veterinary Medical Examiners would be better qualified to address the issue of liability.

The NDVMA executive board is fully aware of the shortage of veterinarians in the state of North Dakota. We continue to work with veterinary colleges to get our students placed. The NDVMA helped implement a student loan forgiveness program for graduates returning to areas in need.

To my knowledge, the issue of emergency service availability was not presented to the NDVMA executive board or the membership until this bill was filed. I do feel the NDVMA and its members can work with all the veterinarians in the state of North Dakota and the Board of Veterinary Medical Examiners to address the issue of emergency services internally, rather than externally.

Thank you for your time and I will try and answer your questions.



North Dakota Board of Veterinary Medical Examiners

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Senate Bill No. 2395

Senate Agriculture Committee, February 5, 2009

John R. Boyce, Executive Secretary, North Dakota Board of Veterinary Medical Examiners

Thank you for the opportunity to offer testimony regarding SB 2395. The Board of Veterinary Medical Examiners did not have an opportunity to discuss this topic or provide input on this bill prior to its introduction. The board understands and appreciates the importance of emergency care in veterinary medicine, but believes that there are better and more efficient ways to deal with these concerns than through legislative action.

The definition of the veterinarian-client-patient relationship appears in paragraph 9 of section 43-29-01.1 of the North Dakota veterinary practice act. It states that the veterinarian be "readily available for followup in the case of adverse reactions or failure of the regimen of therapy." This wording, which is taken from the Code of Federal Regulations, assumes that a veterinarian-client-patient relationship has been established. This definition also appears in the Model Veterinary Practice Act developed by the American Veterinary Medical Association and in the Practice Act Model of the American Association of Veterinary State Boards. Neither the North Dakota practice act nor either of these model acts refers specifically to emergency care.

The practice act grants the board the authority to adopt reasonable rules regarding the regulation of the practice of veterinary medicine and professional conduct (43-29-03, paragraph 2). North Dakota's rules do not refer to emergency care, but the rules do refer to unprofessional conduct and minimum standards of practice (N.D. Administrative Code Chapter 87-05-02). The board believes that the proper way to address concerns about emergency care would be in the context of a possible rule change. As such, the board welcomes input on this topic from veterinarians and animal owners.

The board does not believe that it would be appropriate for it to conduct a study as required by this bill. The board would, however, be willing to review the results of a study conducted by others.

Thank you for your consideration of this testimony. I would be happy to answer any questions you may have.