



Minnesota Board of Veterinary Medicine

335 Randolph Ave, Suite 215
St. Paul, MN 55102
Fax: 651-201-2842
MN Hearing/Speech Relay: 1-800-627-3529
Email: vet.med@state.mn.us
Website: www.vetmed.state.mn.us



Minnesota Statutes, Chapter 156 establishes the regulatory structure for veterinary medicine, including licensing, drug control, facility oversight, and discipline.

HF 3718 modernizes the regulatory framework to reflect current veterinary practice by expanding definitions, updating licensing systems, formalizing telemedicine, and adding new regulatory categories. Additionally, the bill adds necessary statutory language to regulate veterinary technicians, who will be licensed beginning July 1st.

Key Changes in the Bill

1. Definitions

The bill updates statutory definitions, adding key terms such as client, consent, emergency stabilization, telemedicine, telerriage, physical rehabilitation, veterinary specialist, and veterinary technologist.

Expands “animal” to include all nonhuman organisms.

2. Board Composition

Current law: 7-member board (5 veterinarians, 2 public members)

Bill: 9-member board, adding:

- 1 licensed veterinary technician seat
- 1 additional veterinarian or technician (flex seat)

3. Licensing Modernization

- Updates application and credentialing requirements for veterinarians and technicians, with additional documentation options and alignment with national pathway (NAVLE, ECFVG, and PAVE) processes
- Revises reciprocity and reinstatement processes
- Establishes requirements for veterinary technicians for continuing education, recordkeeping, humane care, and pharmaceutical handling

4. Scope of Practice Updates

- Amends the definition of veterinary practice to include behavioral and dental care, complementary/integrative therapies (acupuncture, chiropractic-type modalities, homeopathy)
- Authorizes telemedicine, requiring a veterinarian-client-patient relationship (VCPR) except for emergency stabilization and telerriage situations
- Updates reproductive procedures and treatment categories

5. Delegation to Veterinary Technicians and Unlicensed Personnel

Current law allows limited duties under direct supervision. This bill:

- Clarifies remote supervision authority
- Provides broader permission for livestock management tasks
- Establishes disciplinary grounds specific to technicians
- Adds technician recordkeeping requirements

7. Drug and Prescription Regulation

The bill updates veterinary drug definitions and processes to align with federal law:

- Revised definitions for prescription drugs, dispensing, extra-label use, and food-producing animals.
- Adds requirements for labels, including pharmacy information
- New sections on Veterinary Feed Directives and drug donation programs with safety restrictions.
- Repeals outdated drug-related provisions

8. Repealers

Repeals outdated provisions and consolidates statutory language



March 4, 2026

House of Representatives Agriculture, Finance, and Policy Committee
Capitol G3, 75 Rev. Dr. Martin Luther King, Jr. Blvd.
Saint Paul, Minnesota 55155

RE: Support for HF 3718, an update to the Minnesota Veterinary Practice Act

Co-Chairs Hansen and Anderson and committee members,

Animal Humane Society strongly supports HF 3718 and the proposed updates to the practice of veterinary medicine in Minnesota. As Animal Humane Society's lead veterinarian and Chief Medical Officer, I oversee one of the largest veterinary staff in the state with over 20 veterinarians and 60 veterinary assistants and technicians. Our staff operates 3 large shelters and 2 veterinary facilities in the state and provides medical care for about 35,000 animals every year. I have been honored to serve on a stakeholder group working with the Board of Veterinary Medicine to propose these updates. The bill contains updates that help the public, their animals, and the veterinary field by modernizing the language and definitions in the act and increasing access to care without risking the health of animals or negatively impacting the veterinary industry.

Modernizing definitions. Many definitions needed to be created or updated to match modern times. Telehealth and emergency stabilization are things we want our animals to have access to, and they were not defined in current versions of this act. Even the term surgery was referred to but not defined in the act.

Increasing Access to Care. An estimated third of people who own pets cannot take them to the veterinarian for many reasons ranging from cost to lack of access to transport. This bill proposes changes that will allow telehealth and a donated drug repository, which both make it easier for pets to get the care they need.

Finally, the bill accomplishes this without needing Animal Humane Society to change its current practices. We support this bill because it gives opportunities that can help people and pets in Minnesota without disrupting the good work that is already being done.

Respectfully,
Dr. Graham Brayshaw
Chief Medical Officer
Animal Humane Society

Coon Rapids • Golden Valley • St. Paul • Woodbury

952-435-7738
animalhumanesociety.org

2/27/2026

Re: Practice Act Update HF3718-0 Hearing

Dear Esteemed Members of the Committee,

I am writing regarding the proposed changes to the Veterinary Practice Act. I agree that the Act is due for thoughtful modernization to ensure it continues to support high standards of veterinary medicine and protect animal health.

However, many practicing veterinarians were not provided adequate notice of the proposed revisions, nor were we given a meaningful opportunity to offer feedback on provisions that directly affect clinical practice and patient care. As frontline professionals, our practical insight is essential to crafting effective and workable legislation.

I respectfully request that the proposed changes be opened for a formal public comment period and that input be actively sought from the Minnesota Veterinary Medical Association (MVMA) and the broader veterinary community. An inclusive process will help ensure the Act is strengthened in ways that truly advance animal health and public protection.

Thank you for your time and consideration.

Sincerely,
Carissa Haverly, DVM
Practice Owner of Healing Hands Veterinary Hospital PLLC
4735 Dahlgren Rd STE300
Carver, MN
952-999-2278

Dear House Agriculture Finance and Policy Chair and members of the Committee,

Thank you for the opportunity to provide written testimony on one specific provision of HF3718. I am a licensed veterinarian practicing in Minnesota. I want to practice responsible veterinary telemedicine, but under current Minnesota law and provisions outlined in this bill, I cannot use it where it would make the greatest difference.

Minnesota requires that a veterinarian-client-patient relationship (VCPR) be established through an in-person examination. That means if I have never physically examined a dog or cat, I cannot legally establish that relationship through video—even if a virtual visit would be medically appropriate.

On paper, that may sound like a safeguard. In practice, it delays care. Here's what that looks like in real life.

A client calls because their dog has developed sudden diarrhea. The dog is still bright, drinking water, and active. The owner lives 45 minutes away and works hourly shifts. A video consultation could allow me to assess hydration, activity level, gum color, abdominal discomfort, and urgency. I could determine whether this is likely dietary upset that can be managed at home for 24 hours or whether immediate in-person care is necessary. Instead, I must say: "I can't legally establish a VCPR remotely. You must come in first." Sometimes they do. Sometimes they wait. Sometimes the dog ends up at the emergency clinic at 10 p.m. because what could have been early guidance turned into escalating anxiety.

The same happens with cats. A new client calls because their cat hasn't eaten for a day. For cats, that matters. I could evaluate body posture, breathing, alertness, and behavior via video and determine urgency. Instead, the law forces an all-or-nothing approach.

Telemedicine would not replace physical exams. It would allow veterinarians to triage appropriately and prioritize in-person appointments for pets who truly need hands-on care.

It would also reduce burnout. Our schedules are full. Every appointment requires a physical slot, even when the medical issue might be more suitable for a virtual appointment. Chronic skin issues, arthritis management, post-surgical rechecks, behavioral consultations—many of these can be safely managed virtually when appropriate.

Veterinarians are trained to determine when an exam is necessary. We make judgment

calls every day about diagnostics, treatment plans, and urgency. Allowing an electronic VCPR under defined standards would not lower the standard of care. It would modernize how we begin it.

Right now, Minnesota law assumes that the safest care is no telemedicine at all without a prior in-person visit. I respectfully suggest that sometimes the safest care is timely care. Telemedicine is not a shortcut. It is an access tool.

Thank you for your consideration.

Sincerely,

Dr. Brooke Hall, DVM

Dear House Agriculture Finance and Policy Co-Chairs Anderson and Hansen and members of the Committee,

I am writing to you in opposition to one provision of HF3718, specifically in support of veterinary telemedicine.

I am a licensed Minnesota veterinarian in small animal practice. Every day, I see how access barriers affect dog and cat owners across our state.

Under current law, I cannot establish a veterinarian-client-patient relationship via telecommunications. That means telemedicine cannot serve as an entry point to care for a new patient.

This is where the problem lies.

Consider a senior citizen whose 12-year-old Labrador has worsening arthritis. The dog struggles to get into the car. The owner struggles to lift the dog. Winter roads are icy. A telemedicine visit would allow me to evaluate gait on video, review medication tolerance, assess quality of life, and adjust a treatment plan. Instead, unless I have seen that dog in person recently, I cannot initiate that care remotely.

Or consider a single parent whose indoor cat is urinating outside the litter box. That could be stress. It could be a urinary tract infection. It could be an emergency obstruction in a male cat. A brief video consultation could help determine urgency. Instead, they must secure childcare, take time off work, and physically appear before any structured telemedicine guidance can begin.

Telemedicine helps us determine which pets truly require immediate physical examination and which can be safely managed with guidance and scheduled care.

It also protects emergency capacity. Many ER visits stem from uncertainty. Owners don't know whether something is urgent. Telemedicine allows veterinarians to triage and prevent unnecessary late-night visits while identifying true emergencies quickly.

Importantly, this modernization would not remove accountability. Veterinarians would remain subject to professional discipline. Medical records would still be required. Standard of care would still apply. The only change is that the initial relationship could be established electronically under appropriate conditions.

We already live in a world where clients send photos of rashes, videos of coughing episodes, and questions through clinic portals. The difference is that Minnesota law limits how far we can go in

responding in a structured, legally recognized way.

This bill would not force telemedicine on anyone. It would allow veterinarians to use their professional judgment to expand access, just as we allow human doctors to do with their patients in the state.

For many dog and cat owners, especially those with mobility challenges or transportation barriers, telemedicine could mean the difference between early intervention and delayed crisis.

I respectfully urge the Committee to consider modernizing Minnesota's approach.

Please reach out to me with any questions,

Dr. Charlena Keane, DVM

Charlenakeane@gmail.com



March 3, 2026

Minnesota House Agriculture Finance and Policy Committee
100 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

RE: HF3718

Dear Chairs and Members of the House Agriculture Finance and Policy Committee,

Thank you for the opportunity to submit written testimony regarding the telemedicine provision included in HF3718.

I write on behalf of the Virtual Veterinary Care Association (VVCA), a national nonprofit organization dedicated to advancing safe, ethical, and accessible virtual veterinary care. VVCA works with veterinarians, regulators, and policymakers to define quality standards for virtual practice, share best practices among clinical teams, and advocate for thoughtful policies that expand access to care while protecting animal welfare.

We respectfully oppose the restrictive telemedicine language contained in this bill.

Telemedicine Expands Access to Care

Veterinary telemedicine has the potential to do for pet health what telehealth has done in human medicine: reduce barriers to care, particularly for rural families, seniors, individuals with mobility limitations, and those facing transportation or financial challenges.

Minnesota law currently requires that a veterinarian-client-patient relationship (VCPR) be established through an in-person examination. Once established, telemedicine may be used appropriately. The language in HF3718 would effectively nullify that relationship annually, creating new administrative barriers that disrupt continuity of care and reduce access to medically appropriate virtual services.

In communities already experiencing limited veterinary capacity, this provision moves Minnesota backward.

The Workforce Reality

The veterinary profession is facing a sustained workforce shortage. Demand for pet healthcare services continues to rise, yet projections estimate that tens of thousands of additional veterinarians will be needed nationally by 2030 to meet companion animal healthcare demand.

www.vvca.org

Driving the evolution of veterinary care in a digital world.

At the same time:

- Veterinary teams report high levels of burnout.
- The cost of veterinary care continues to increase.
- A majority of pet owners report difficulty covering unexpected veterinary expenses.
- Rural and low-income communities face the greatest access challenges.

Telemedicine is **not** a replacement for in-person care. It is a tool that allows veterinarians to triage cases, provide follow-up consultations, manage chronic conditions, and determine when in-person care is necessary. Used appropriately, it increases efficiency and preserves scarce in-clinic capacity for patients who truly need hands-on care.

Restricting its use exacerbates access gaps rather than protecting animals.

Evidence from Other Jurisdictions

Telemedicine in veterinary medicine is not theoretical. It is operational and functioning safely in multiple jurisdictions.

- Ontario, Canada, has permitted the establishment of a veterinary relationship via telemedicine for more than seven years in a population of 15 million, with no documented reports of widespread animal harm.
- During COVID-19, numerous U.S. states temporarily allowed greater telemedicine flexibility without evidence of systemic adverse outcomes.
- Nine U.S. states now allow a VCPR to be established virtually, serving approximately 120 million Americans.

Consumer demand is also clear. National survey data show strong interest among pet owners in using veterinary telehealth and indicate that availability of virtual care would increase frequency of veterinary engagement.

Minnesota should not move in the opposite direction of emerging national policy trends.

Broader Implications

Expanding access to veterinary care through telemedicine carries implications beyond convenience.

- **Animal Welfare:**
Delayed or forgone veterinary care increases morbidity and mortality risk. Lack of access is also a leading factor in pet surrender to shelters.

- **Public Health:**
Veterinarians play a critical role in monitoring and managing zoonotic disease risks. Improved access to veterinary care strengthens overall community health.
- **Equity:**
Communities that face systemic socioeconomic and geographic barriers to healthcare are the same communities most likely to experience veterinary access shortages. Telemedicine can mitigate, not exacerbate, these disparities.
- **Professional Well-being:**
Flexible care delivery models can reduce strain on overextended veterinary teams and support workforce sustainability.

Conclusion

Telemedicine is a safe, evolving, and increasingly essential component of modern veterinary practice. It expands access while preserving professional judgment and clinical standards.

We respectfully urge the Committee to oppose the provision in HF3718 that would further restrict access to veterinary telemedicine and disrupt established veterinarian-client-patient relationships.

VVCA stands ready to serve as a resource to legislators, regulators, and stakeholders seeking to craft balanced, evidence-based policy in this space.

Thank you for your consideration.

Respectfully submitted,



Ali McIntyre, Interim Executive Director
Board Treasurer & Chair of Finance
Veterinary Virtual Care Association
admin@vvca.org
503-819-9961